

**EXHIBIT 4: COMMUNITY SERVICES AND SUPPORTS WORK PLAN SUMMARY**

<p>County: <b>Fresno</b></p>	<p>Fiscal Year: 0506, 0607, 0708</p>	<p>Program Work Plan Name: <b>Peer/Family Support and Recovery Services</b></p>
<p><b>Description of Program:</b> <i>Describe how this program will help advance the goals of the Mental Health Services Act</i></p>	<p>Program Work Plan #: <b>Adult—FSP—2</b>      Estimated Start Date: October 2006</p> <p>The following services were figured at County costs. Staffing costs are based on County salary schedules and benefits. Operating expenses are based on County costs. It is anticipated these services will be contracted to a qualified private provider. It is the County's intention to effectively maximize the MHA funding (best bang for the buck) to provide mental health services for our consumers and families. Therefore the County will select the most qualified provider(s) who can provide the most cost effective services to successfully implement the strategies listed in this Program for our clients.</p> <p>The strategies were recommended by stakeholders and the MHA Adult Planning Committee. The strategies included peer support and recovery services (The Center) as well as AB34/2034/ACT types of services (Intensive Community Services and Support Teams) for the most needy of our clients/families.</p> <p><b>The Center</b></p> <p>These services will be modeled after the "Village" type of services in Los Angeles County for peer and family support services. Peer and family support services will be provided for transition age youth, adult and older adult populations and their families. Special attention will be paid to services and locations within the Center that are age sensitive and appropriate. The Center will also have appropriate decorations and activities reflecting the cultures and age groups which it will serve. Hours of operation will by year three be Monday through Saturday from 8 AM to 8 PM.</p>	

The MHSA funding type for the MHSA funds requested are general system development funds and full service partnership funds. The general system development funds will be used to provide:

- The client and family support services through the "Village" model peer and family member center; and
- Education and advocacy services.

These services will be provided to transition age youth clients aged 16-24, adult clients and older adult clients and their family members/significant others. Services for Transition Age Youth (TAY) as well as for the Older Adult population will also be provided in a sensitive manner to these age populations.

The Promotora model has proven to be an extremely helpful way to connect with Hispanic and Southeast Asian clients to improve their access to health care and to provide health education services. This model will be developed utilizing clients/family members and interested members of the community. The Promotoras will work closely with the County and County-contracted staff to meet the health needs of the Latino, Southeast Asian and African-American communities.

The Promotoras will be trained in basic mental health and health education. Bilingual and bicultural Promotoras will offer in-home services to local families, distributing educational materials and offering information about locally available services. Promotoras work as a team. Information and educational services will be available in English, Spanish and Hmong.

The Center will also house the staff who will provide AB 34/AB 2034/ACT types of services to consumers who are frequent users of crisis/intensive services. Fresno County will encourage the location of the service in areas where high concentrations of consumers are served as well as underserved and underserved. It is hoped that the Center will be located in the western or eastern portion of Fresno near bus lines so consumers can have easy access to services.

The Center will provide a peer/family member support drop in, support and educational center. A warm or CALM (Consumers Against Living Miserably) line will be developed and staffed by consumers and family members. Services will be available in other languages. By year three, the warm or CALM line will be available in English, Spanish and Hmong.

Educational services about mental health issues and anti-stigma information will also be available. Center staff will educate DBH staff, primary care physicians and the community about mental health issues, wellness and recovery. Staff will provide training to DBH staff, primary care physicians, consumers and family members on Wellness Recovery Action Plans and Crisis Plans.

Literacy services, vocational and supported educational services will also be provided along with a food bank, clothing exchange, housing resources, etc. Transportation will also be available for consumers and family members to community resources and social events. Recreational and meaningful activities will be developed.

Volunteer and paid employment opportunities both in the Center and with outside services/businesses will be available. Stipends will be available for employment activities and consumer enterprises. Information and services will be available in Spanish and Southeast Asian languages (Hmong, Cambodian and Laotian).

This program will serve existing and new clients and family members who receive services through Fresno County Department of Behavioral Health (DBH), and contracted services. Services will be available to transition age youth, adults and older adults. There will be age and gender specific services for each of these populations.

It is anticipated at least 100 consumers/family members will be served in FY 06-07. In FY 07-08, 200 consumer/family members will be served.

One Community Mental Health Specialist and two Mental Health Workers will comprise a team. Each team will specialize in services to each of the three different age groups to include family members of TAY, Adults and Older Adults.

Staffing for Peer/Family Support and Recovery Services FY 0607 and FY 0708 will be 11.0 FTEs to include:

- 3.0 FTE Community Mental Health Specialists
- 6.0 FTE Mental Health Worker
- 2.0 FTE Office Assistant

Strategies will include:

1. Self-help and client-run programs such as a drop-in center, club houses, anti-stigma campaigns, job training classes, advocacy programs, and peer education;
2. Classes and other instruction for clients regarding what clients need to know for successful living in the community;
3. Family support, education, and consultation services, parenting support and consultation services, self-help groups and mentoring;
4. Client advocacy on criminal justice and child welfare issues;
5. Transportation services; and
6. Education for primary care providers and other health care providers to increase coordination and integration of mental health and primary care, and other health services.

### **Intensive Community Services and Support Team**

The second component of proposed services will be a new component of ACT/AB 34/AB 2034 types of services (intensive community services and support team) for adults aged 18-59 years and their families. This team will be co-located with the Peer Support and Recovery Services in this strategy/work plan. DBH will focus on clients who are frequent users of crisis services.

Full service partnership funds are also requested. These are for the Intensive Community Services Support Team. These programs feature:

- Single point of responsibility;
- Low caseloads, 1:104-15 ratio of staff to clients;
- 24/7 availability to the client to meet their needs;
- Provision of intensive services and supports;
- Considerable personal attention to clients;
- Provision of linkage to all needed services;
- Cultural competency principles;
- Housing services as appropriate.

DBH has reviewed its records and has identified clients who were hospitalized frequently during FY 2004-2005. This population is at an inherent risk of homelessness, incarceration and hospitalization. It is anticipated that the primary population focus for these new services will be those consumers who have been identified as being hospitalized four or more times during FY 2004-2005. DBH will continue to review and update the number of consumers who have been receiving hospitalization services on a frequent basis (four or more times during a fiscal year). Client names for the Intensive Community Services and Support Team services will continue to be updated as necessary.

During year two (FY 06-07) 40 clients and their families will be served. It is anticipated during year three (FY 07-08) 40 clients and their family members will be served.

Staffing for FY 0607 and FY 0708 will consist of 6.25 FTEs to include:  
1.0 FTE LVN/LPT  
2.0 FTE Mental Health Workers (client/family member staff)  
0.25 FTE Psychiatrist  
1.0 FTE Licensed Mental Health Clinician  
1.0 FTE Community Mental Health Specialist  
1.0 FTE Office Assistant II

Strategies will include:

1. Integrated service agencies which provide and/or broker all services that a client needs;
2. Client self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models);
3. Integrated substance abuse and mental will be provided simultaneously for individuals with co-occurring disorders;
4. Integrated physical and mental health services in collaboration with primary care physicians whenever possible;
5. Integrated services with law enforcement, probation and courts;
6. Intensive community services and supports teams capable of providing services to clients where they live, 24/7, including consumers or family members as team members;
7. Outreach services for persons who are homeless or at risk of homelessness; and
8. Education for clients and family or other caregivers as appropriate to maximize individual choice about the nature of medications, the expected benefits and the potential side effects as well as alternatives to medications.

Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment, and/or education goals will be provided.

Goals of program:

- Reduce the long-term adverse community impacts of untreated mental illness and serious emotional disorders;
- Define serious mental illness among adults as a condition deserving priority attention, including prevention and early intervention services and medical and supportive care;
- Reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness;
- Expand the kinds of successful, innovative service programs for adults including

	<p>culturally and linguistically competent approaches for underserved population;</p> <ul style="list-style-type: none"> <li>• Emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness: <ul style="list-style-type: none"> <li>○ Hospitalizations;</li> <li>○ Incarcerations;</li> <li>○ School failure or dropout;</li> <li>○ Unemployment;</li> <li>○ Prolonged suffering;</li> <li>○ Homelessness;</li> </ul> </li> </ul> <p><u>Summary:</u></p> <ul style="list-style-type: none"> <li>• Total Number of Clients Served from Peer/Family Services and ACT Services <ul style="list-style-type: none"> <li>○ For FY 0506: None. MHSA PI an being submitted and reviewed.</li> <li>○ For FY 0607: Approximately 140 clients and families</li> <li>○ For FY 0708: Approximately 240 clients and families</li> </ul> </li> <li>• Total New Staffing for Peer/Family Services <ul style="list-style-type: none"> <li>○ For FY 0506: None. MHSA PI an being submitted and reviewed.</li> <li>○ For FY 0607: 17.25 FTE (including 8 FTE designated for client/family positions).</li> <li>○ For FY 0708: 17.25 FTE (including 8 FTE designated for client/family positions).</li> </ul> </li> </ul> <p><u>Goals of the Program and Funding Types</u></p> <p>The goals of this strategy will be;</p> <ul style="list-style-type: none"> <li>• Reduce the long-term adverse community impacts of untreated mental illness and serious emotional disorders;</li> <li>• Define serious mental illness among adults as a condition deserving priority</li> </ul>
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	<p>attention, including prevention and early intervention services and medical and supportive care;</p> <ul style="list-style-type: none"> <li>• Reduce the long-term adverse impact on individuals, families and state and local budgets resulting from untreated serious mental illness;</li> <li>• Expand the kinds of successful, innovative service programs for adults including culturally and linguistically competent approaches for underserved population.</li> </ul> <p>The program will emphasize strategies to reduce the following negative outcomes that may result from untreated mental illness:</p> <ul style="list-style-type: none"> <li>○ Hospitalizations;</li> <li>○ Incarcerations;</li> <li>○ School failure or dropout;</li> <li>○ Unemployment;</li> <li>○ Prolonged suffering;</li> <li>○ Homelessness.</li> </ul> <p>Full Service Partnership and System Development Funding are being requested. This program will be providing on-going Peer/Family Support and Recovery Services as well as AB 2034/34/ACT types of services to the most underserved/unserved population of consumers who are frequent users of crisis/intensive services.</p>
<p>Priority Population: <i>Describe the situational characteristics of the priority population</i></p>	<p>These services will be modeled after the "Village" type of services in Los Angeles County for peer and family support services. Peer and family support services will be provided for transition age, adult and older adult populations and their families. Special attention will be paid to services and locations within the Center that are age sensitive and appropriate. The Center will also have appropriate decorations and activities reflecting the cultures it will serve.</p> <p>The second component of proposed services will be a new component of ACT/AB 34/AB 2034 types of services (Intensive Community Services and Support Team) for adults aged 18-59 years and their families. DBH will focus on clients who are frequent users of crisis services.</p>



	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
<b>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</b>							
The client and family support services through the "Village" model peer and family member center;	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Education and advocacy services.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Outreach services for persons who are homeless or at risk of homelessness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
For individuals with co-occurring disorders, integrated substance abuse and mental health services will be provided simultaneously	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integrated services with law enforcement, probation and courts	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Intensive community services and supports teams capable of providing services to clients where they live, 24/7 including consumers or family members as team members	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Education for clients and family or other caregivers as appropriate to maximize individual choice about the nature of medications, the expected benefits and the potential side effects as well as alternatives to medications	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment, and/or education goals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

	Fund Type			Age Group			
	FSP	Sys Dev	OE	CY	TAY	A	OA
<b>Describe strategies to be used, Funding Types requested (check all that apply), Age Groups to be served (check all that apply)</b>							
Classes regarding what youth need to know for successful living in the community. There will be training and instruction, including <ul style="list-style-type: none"> <li>• individual support,</li> <li>• problem solving,</li> <li>• skill development,</li> <li>• Education about the consumer's illness and their role in the therapeutic process;</li> <li>• modeling and supervision, in home and community settings, to teach the consumer to: <ul style="list-style-type: none"> <li>• Carry out personal hygiene tasks;</li> <li>• Perform household chores(housekeeping/cooking/laundry shopping);</li> <li>• Develop or improve money management skills;</li> <li>• Use community transportation;</li> <li>• Locate, finance and maintain safe, clean and affordable housing.</li> </ul> </li> </ul>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Supportive education/vocational services	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Outreach services for persons who are at risk of homelessness that involve persistent, non-threatening, outreach and engagement strategies. This includes the ability to provide for the immediate needs of an individual including physical health care, food, clothing and shelter. Teams will have access to immediate cash and/or vouchers for client needs.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment and/or educational goals.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Services to assist families in supporting youth during this period	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Client self-directed care pans	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Integrated service agencies that provide &/or broker all services a client needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

## 2. Description of Program:

### Please describe in detail

- The proposed program for which you are requesting MHSA funding and
- How that program advances the goals of the MHSA

### The Center

The Center will provide a consumer/family member drop-in center that also houses employment and housing services in addition to the Intensive Community Services and Supports Team (described below). This program will serve existing and new clients and family members who receive services through Fresno County Department of Behavioral Health (DBH) and contracted services. By the end of year three, hours of operation will be from Monday through Saturday, eight A.M. to eight P.M.

Fresno County will encourage the location of the service in areas where high concentrations of consumers are served as well as unserved and underserved. The Center will have space available for community self-help groups and advocacy groups to meet.

Services will include consumer and family member run self-help groups. There will be space available to hold meetings. In addition to providing consumer directed services, other activities and supports will be developed, e.g., clothes closet, food bank, advocacy services, community living skills, consumer education, vocational and supported educational opportunities, etc. Services will be available to transition age youth, adults and older adults. There will be age and gender specific services for each of these populations.

The Center will improve access to services for individuals with serious mental illness in underserved neighborhoods, racially and ethnically diverse groups or communities (such as West Fresno) by partnering with other community-based organizations. Information and services will be available in Spanish and Southeast Asian languages (Hmong, Cambodian and Laotian). The Center will provide culturally competent and accessible consumer directed services to individuals of all genders, sexual orientations, races and ethnicities. An emphasis will be placed upon culturally welcoming décor at this site. Recovery principles will be integrated throughout all program activities.

The Promotora model has proven to be an extremely helpful way to connect with the Latino population to improve their access to health care, to provide health education, and to work with them on health care issues. A Promotoras training program would be developed in the Peer services offered through the Center. These individuals would work closely with County and County-contracted service staff to meet the health needs of the Latino, Southeast Asian and African American communities.

Promotoras are community members who will be trained in basic mental health and health education. Discussions with community based organizations and in-depth

ethnographic interviews will be used to explore the ways local Latinos, Hmong and African Americans understand their illnesses. Using this information Promotoras will develop culturally sensitive and literacy level appropriate educational materials.

Bilingual and bicultural Promotoras offer in-home services to local families, distributing educational materials and offering information about locally available services. Promotoras work as a team. Information and educational material will be available in English, Spanish and Hmong.

During year two (FY 06-07) approximately 100 clients/family members will be served. During year three (FY 07-08) approximately 200 clients/family members will be served.

### Age Specific Services

#### Senior Population

The Senior Peer Counseling Services (SPCS) will provide emotional and psychological counseling and supportive services to those individuals age 60 and over, who are experiencing emotional distress involving such issues as health problems, grief, care-giving, depression, anxiety, loss, or family difficulties. Transition age older adults (approximately age 55 through 59) may be included under the older adult programs/activities when appropriate.

The Peer Counselors are able to expand the support system for clients by connecting them with other available community resources. This unique Senior Peer Counseling Program will offer services addressing needs of seniors in Fresno County. This no cost service will be offered in the individuals home and at the Center.

Senior Peer Counselors provide an opportunity for individuals to be heard in an attentive, compassionate, and empathic way. This kind of support and non-judgmental encouragement from a peer can enable someone to develop the coping skills to effectively deal with emotionally stressful situations. Some individuals believe they should be able to solve their problems on their own with no outside support. Seeking help is often perceived as a sign of personal weakness. However, when individuals have a chance to meet with someone their own age that has had to cope with similar issues, discussion about personal feelings are easier. Counselors meet with clients in the clients home or at the Center. There is no time or topic limit. All conversations with the Counselors will follow State laws and regulations regarding confidentiality and HIPAA regulations.

Special attention will be made to the area at the Center housing this service. Entry ways, rooms, etc., will be appropriate for this specialized age group who may not want to interact with other age groups. Opportunities for interaction with other age groups will be made available. Literature will be provided in various languages as well as in big print.

Resources and referrals will be available for housing, employment, meaningful activities, medical care and other services specific to meet the daily needs of the senior population. Linkages with the various Senior Centers will also be established and maintained. There will be opportunities for volunteer and paid positions within the Center.

#### Transition Age Youth (TAY) Center

A drop-in wellness and recovery center will be developed to serve TAY and families. This center will be a resource to the community, other agencies and County. The center will support the four different transition domains of employment, educational opportunities, living situations (housing) and community life. Staff will partner with institutions of learning, various employers, housing providers, etc., for services for the TAY population and their families that will be served.

A TAY client-driven advisory council will be developed. TAY will have an active role in guiding and having ownership of their services at the Center. This will give the TAY a voice in the decision-making and operations of the Center, such as types of activities, groups, rules of the Center, etc.

The TAY Center may be co-located with the other proposed "Village-model" Center for consumers and family members; however, it will have its own entrance and designated space. This program will have age appropriate services and be sensitive to ageism. This Center will provide a culturally diverse environment where TAY can seek peer support and recovery services from peers as well as staff. The goals will be to reduce isolation, increase the ability to manage independence and increase linkages to mental health and co-occurring disorders treatment. The center serving TAY may be located in the same building as the other proposed Adult and Senior Wellness and Recovery Center; however it will have a distinct entrance and rooms which will have appropriate décor for TAY.

#### Educational/Family Support and Other Services

Educational services about mental health issues and anti-stigma information will also be available. Center staff will educate DBH staff, primary care physicians and the community about mental health issues, wellness and recovery. Staff will provide training to DBH staff, primary care physicians, consumers and family members on Wellness Recovery Action Plans and Crisis Plans.

Family psycho-education services will be provided. Family psycho-education involves a partnership among consumers, families and supporters, and practitioners. Through relationship building, education, collaboration, problem solving, and an atmosphere of hope and cooperation, family psycho-education helps consumers and their families and supporters to:

- Learn about mental illness;
- Master new ways of managing their mental illness;
- Reduce tension and stress within the family;
- Provide social support and encouragement to each other;
- Focus on the future, and
- Find ways for families and supporters to help consumers in their recovery.

Literacy services and vocational and supported educational services will also be provided along with a food bank, clothing exchange, housing resources, etc. Staff will partner with educational institutions for educational services. Transportation will also be available for consumers and family members to community resources and social events. Recreational and meaningful activities will be developed.

The Center will assume volunteer coordination and deployment of all transition age youth, adult and older adult peer and family volunteers within DBH. The Center will provide education and training for all consumers with serious mental illness and their family members who wish to volunteer or move into paid staff positions.

A warm or CALM (Consumers Against Living Miserably) line will be developed and staffed by consumers (including TAY) and family members. This will provide information in a supportive environment to consumers, family members and the community at large. This line will allow consumers and family members to talk to each other about everyday issues, problems and concerns. The line will be staffed by consumers and family members. Clinical staff will be available for consultation for emergency/crisis situations. It is anticipated that services will be provided in all threshold languages by the end of year three.

The Center will provide increased peer, family support and youth leadership training in collaboration with existing training programs. Peer and family advocacy training will be provided. The Center will provide DBH staff training regarding client culture, consumer and family member empowerment, recovery and resiliency. By the end of year two, the Center will provide peer/family member training services in Spanish. By the end of year three, the Center will provide peer/family member training services in Hmong, Cambodian and Laotian languages.

The Center will employ staff or volunteers to provide transportation that works for the consumer. Center staff will provide consultation to DBH programs regarding increasing consumer and peer involvement in program activities offered.

The Center will provide coordination of employment services available to DBH consumers across adult and older adult systems of care. Transition age youth employment services will be provided separately but will interface with the above mentioned services. Supportive employment and other opportunities for meaningful activities and personal growth, including development of vocational opportunities will be provided. During year three, funding for consumer enterprises will be developed. This could be done sooner if monies are available.

Volunteer opportunities both in the Center and with outside services/businesses will be encouraged. Stipends will be available for employment activities and consumer enterprises during the third fiscal year and developed sooner, if funds are available.

It is expected that the Center will employ consumer and family members. This includes consumers in program leadership roles.

### **Intensive Community Services and Supports Team**

The Intensive Community Services and Supports Team will be co-located with the Center's Peer Support and Recovery services. This Team will provide ACT/AB 34/AB 2034 types of services and housing services for Fresno County clients. Staff to consumer ratio shall be set at between 1:10 to 1:15, or one staff serving no more than ten to fifteen consumers.

During year two (FY 0607), the Intensive Community Services and Support Team will provide services to a total of 40 consumers.

During year three (FY 0708), the Intensive Community Services and Support Team will expand to provide services to a total of 40 clients and their families.

These services shall be available to provide treatment, rehabilitation and support services twenty-four (24) hours per day, seven (7) days per week. Staff work schedules shall be responsive to consumer needs and shall permit staff to work evenings and weekends. During off-hours periods, staff shall maintain on-call coverage on a rotating basis and shall be available to respond immediately to program participants by telephone or in person, as dictated by consumer needs. Psychiatric support shall be available during regular hours of operation and on-call during off-hours periods.

A critical feature of the team's service delivery shall be the unified team approach in which multiple staff members with a diversity of skills address each consumer's mental health and community life support needs in a comprehensive manner. The team shall have the capacity to provide as many contacts as needed to consumers experiencing significant problems in daily living. The team shall have the flexibility to increase service intensity to a consumer in response to a consumer's needs.

The team's highest priority shall be outreach to program participants and the provision of services according to individual consumer needs and desires, with the majority of clinical contacts occurring in settings outside of the offices of the program. At least 75% of the team's time will be spent in face-to-face contact with consumers.

DBH Program manager(s) and supervisor(s) will meet regularly with the managers/administrators of the program(s) for purposes of contract monitoring and assessing program performance.

## **Services to be Provided and Service Coordination**

The following regarding types of services and service coordination will be incorporated into any RFP and/or contract for services. The Intensive Community Services and Support Team staff will provide services to consumers who are frequent users of hospital services and therefore, are at risk of hospitalization, incarceration and homelessness. Staff will work with law enforcement and the courts, as necessary.

In order to assist the program clients to cope with and gain mastery of symptoms and disabilities due to mental illness and/or substance abuse, the team shall be available to provide symptom assessment, personal service coordination and supportive counseling.

These services shall include but not be limited to the following:

- Ongoing assessment of the consumer's mental illness symptoms and response to treatment;
- Education of the consumer regarding his/her mental illness and the effects (including side effects) of prescribed medications;
- Symptom management efforts directed to helping the consumer identify the symptoms and their occurrence patterns, and development of methods (internal, behavioral, adaptive) to lessen their effects;
- Provision, both on a planned and on an "as needed" basis, of such psychological support as is necessary to help consumers accomplish their personal goals and cope with the stresses of day-to-day living.

The team shall be available to provide crisis assessment and intervention twenty four (24) hours per day, seven days per week throughout the year, including telephone and face-to-face contact as needed.

- Response to crisis shall be rapid and flexible.
- When crisis housing, short-term care and inpatient treatment (voluntary or involuntary) are necessary, the staff shall collaborate with the treatment staff in these facilities. The staff shall provide support to the maximum extent possible, including accompanying the consumer to the facility, remaining with the consumer during the assessment, and beginning as soon as possible, with the consumer, the process of planning for discharge and return to the community.
- Crisis intervention shall be limited to those program participants who are at board and care home level of care or lower. It is presumed that residential care facility personnel can and will manage crises experienced by their residents and that they will inform the team right away.

The team shall provide services in the areas of medication prescription, administration, monitoring and documentation. The team psychiatrist shall:

- Assess each consumer's mental illness symptoms and behavior and prescribe appropriate medication;
- Regularly review and document the consumer's mental illness symptoms as well as his/her response to the prescribed medications;



- Educate the consumer and family members on the purpose of medication and any side effects; and
- Monitor, treat and document any medication side effects.

The nurse(s) shall establish medication policies and procedures which identify processes to:

- Administer medications to program consumers;
- Train other team members regarding medication education, medication delivery, medication side effects, observation of self administration of medication and medication monitoring; and
- Assess regularly other team members' competency in this area.

All team staff shall assess and document the consumer's mental illness symptoms and behavior in response to medication and shall monitor for medication side-effects during the provision of observed self-administration and during ongoing face-to-face contacts.

Regarding program participants residing in Residential Care Facilities;

- Team staff shall collaborate with the facility staff in which program participants are located to ensure that participants are receiving and taking prescribed medications. This shall include mutual sharing of information regarding consumers' mental illness symptoms and behavior in response to medication and medication side effects;
- The team shall regularly review the facility records of program participants after the written consent is obtained from the consumer, and in accordance with policies and procedures of DBH; and
- Team staff shall also regularly communicate to the staff about consumers' treatment plans, goals, objectives and interventions, and provide medication education for the consumers.

The team shall provide whatever direct assistance is reasonable and necessary to ensure that the consumer obtains the basic necessities of daily life, including but not limited to:

- Safe, clean, affordable housing;
- Food and clothing;
- Medical and dental services;
- Appropriate financial support, which may include supplemental security income, Social Security disability insurance, general relief, and money management services;
- Training on tenants' rights and responsibilities.

The team members are able to have on hand, in their possession, during regular working hours (and when appropriate during on-call hours) an adequate amount of petty cash with which to make emergency purchases of food, shelter, clothing, prescriptions, transportation, or other items and services as needed for consumers. The team members have efficient, rapid access to larger sums of client assistance funds for

security deposits, purchases of furniture, and other items needed by consumers with sound accounting practices for recording and monitoring the use of these funds.

The team may serve as a “representative payee” or work with an organization which provides such services, for some consumer’s SSI/SSD benefits, in accordance with sound accounting practices. The team may utilize client assistance funds to assist consumers with short term loans or grants, as necessary. The team shall link consumers to appropriate social services, provide transportation as necessary and link the client to appropriate legal advocacy and representation.

The team shall provide training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings, to teach the consumer to:

- Carry out personal hygiene tasks;
- Perform household chores, including housekeeping, cooking, laundry and shopping;
- Develop or improve money management skills;
- Use community transportation; and
- Locate, finance and maintain safe, clean and affordable housing.

The team shall develop and support the consumer’s participation in recreational and social activities and relationships. The highest priority shall be given to supporting and helping individual consumers establish positive social relationships and activities in normative community settings. Such services shall include, but not be limited to assisting consumers in:

- Developing social skills and, where needed, the skills to develop meaningful personal relationships;
- Planning appropriate and productive use of leisure time including familiarizing consumers with available social and recreational opportunities and increasing their use of these activities;
- Interacting with landlords, neighbors and others effectively and appropriately;
- Developing assertiveness and self-esteem; and
- Using existing self-help center, self-help groups and other social, church and recreational groups to combat isolation and withdrawal experienced by many persons coping with severe and persistent mental illness.

The team shall provide alcohol, tobacco and drug abuse services as needed, in accordance with harm reduction principles. This will include, but is not limited to, individual and group interventions to assist consumers in:

- Identifying alcohol, tobacco and drug abuse effects and patterns;
- Recognizing the interactive effects of alcohol, tobacco and drug use, psychiatric symptoms, and psychotropic medications;
- Developing motivation for decreasing alcohol, tobacco and drug use;
- Developing coping skills and alternatives to minimize alcohol, tobacco and drug use;

- Achieving periods of abstinence and stability; and
- Attending appropriate recovery or self-help meetings.

The team shall provide information, in an educational format, about the use of alcohol, tobacco, prescribed medications, and other drugs of abuse and the impact that chemicals have on the ability to function in major life areas. Information shall also be included about eating disorders, gambling, overspending, sexual and other addictions as appropriate.

The team shall make appropriate referrals and linkages to addiction services that are beyond the scope of AB 34/ AB 2034/ACT type services to individuals with co-existing alcohol, tobacco and drug abuse and other addictive symptoms.

The team shall act to minimize consumer involvement with the criminal justice system, with services to include, but not be limited to:

- Helping the consumer identify precipitants to the consumer's criminal involvement;
- Providing necessary treatment, support and education to help eliminate any unlawful activities or criminal involvement that may be a consequence of the consumer's mental illness; and
- Collaborating with police, court personnel and jail/prison officials to ensure appropriate use of legal and mental health services.

The team shall provide support to the consumer's family and other members of the consumer's social network to help them manage the symptoms and behaviors of the consumer and reduce the level of family and social stress associated with mental illness.

The team shall assist family members and the client to relate in a positive and supportive manner through such means as:

- Education about the consumer's illness and their role in the therapeutic process;
- Supportive counseling;
- Intervention to resolve conflict;
- Referral, as appropriate, of the family to therapy, self-help and other family support services; and
- Provision, as appropriate, of the consumer's other support systems with education and information about serious mental illnesses and treatment services and supports.

Services will be coordinated with other community mental health and non-mental health providers, as well as other medical professionals, and staff shall provide the following functions for all consumers served:

- Development of formal and informal affiliations with appropriate mental health, health care, addictions including substance addictions, other human service providers, and inpatient units;

- Involvement of other pertinent agencies, the consumer's family, and members of the consumer's social network in the coordination of the assessment, and in the development, implementation and revision of service plans;
- Advocacy for and assistance to consumers to obtain needed benefits and services such as supplemental security income, housing subsidies, food stamps, medical assistance, and legal services;
- Coordination of meetings of the consumer's service providers in the community;
- Maintenance of ongoing communication with all other agencies serving the consumer including hospitals, rehabilitation services and housing providers as required;
- Maintenance of working relationships with other community services, such as education, law enforcement and social services;
- Coordination with existing community agencies to develop needed community support resources including housing, employment options and income assistance; and
- Maintenance of a clinical treatment relationship with the consumer on a continuing basis whether the consumer is in the hospital, in the community, involved with other agencies or the criminal justice system.

Methods for service coordination and communication between the team and other service providers serving the same consumers shall be developed and implemented consistent with Fresno County confidentiality rules.

Outcomes will be monitored to see if the client has meaningful use of their time, stays in school or maintains employment, hospitalizations, incarcerations are reduced as well as homelessness. DBH will use the State criteria for measuring these outcomes. The team will be monitored regarding services delivered and if they meet the goals of the MHSA.

### **3. Describe any housing or employment services to be provided**

#### **The Center**

The Center will keep listings of all housing types and services available throughout the County. Staff will assist consumers in linking with housing entitlement programs. Staff may advocate for housing services for clients. There will be trainings held regarding locating, securing and inhabiting all types of housing.

The Center will provide coordination of employment services available to DBH consumers across adult and older adult systems of care. Transition age youth and the AB 2034 restoration/expansion employment services will be provided separately but will interface with the above mentioned services. Supportive employment and other opportunities for meaningful activities and personal growth, including development of vocational opportunities will be provided. Monies are available for consumer stipends and enterprises.

## **Intensive Community Services and Supports Team**

The Personal Service Coordinators shall link with supported employment and supported educational services available in the community. These are an important component of the total services offered to clients.

Services provided through the supported employment and supported educational programs shall include, but not be limited to:

- Assessment of job-related interests and abilities based on a complete education and work history. This assessment shall consider the effects of the consumer's mental illness on employment, with identification of specific behaviors that interfere with the consumer's work performance and development of interventions to reduce or eliminate the behaviors;
- Assistance with each consumer's individual needs for job development, job seeking skills, and on-the-job assessment, referral to training, and support so that consumers will acquire and maintain appropriate job and social skills necessary to get and keep employment;
- Individual supportive counseling to assist the consumer to identify and cope with the symptoms of mental illness that may interfere with his/her work performance;
- On-the-job or work-related crisis intervention; and
- Work-related supportive services, such as assistance with grooming and personal hygiene, securing appropriate clothing, wake-up calls, and transportation.
- Supported educational services with educational partners such as Fresno City College, Fresno Adult School, Literacy Council, California State University, Fresno, Fresno Unified School District, etc.

The Personal Service Coordinators shall also link with the proposed supportive services offered through the proposed "Center" program for peer and family support and educational services. A PSC who will specialize in vocational/supported educational services is part of this team. They shall assist the consumer in obtaining and maintaining education, training, and permanent employment. The team shall also link with "The Center's" job coaches for employment supportive services.

Housing services are an essential component of this program. Fresno County, the Mental Health Board, the Fresno City and County Housing Authority and the community recognize the importance of housing opportunities for its clients. In the past, the Department, the Mental Health Board, the Housing Authority and private providers have partnered to create supported independent living opportunities for consumers. This has included matching Beyond Housing vouchers from the Housing Authority for the Supported Housing Initiative grants, AB 2034 services, etc. As part of this grant the Housing Authority offered the Home Ownership Program. Last year, one of the consumers purchased their own home through this program.

Currently, Fresno County is involved with the Fresno Madera Continuum of Care (FMCoC). The FMCoC is a collaborative of community-based nonprofit shelters,

government agencies, organizations, service providers and individuals dedicated to creating a community where everyone can have a home. The goal of the FMCoC is to end chronic homelessness in Fresno and Madera counties by 2012. Fresno County will continue to partner with this organization for housing opportunities and other community supports for DBH clients.

A contractor will provide housing services as needed by program participants who are engaged as part of the restoration/expansion of AB 2034 services. This language will be written into the County's Request for Proposal (RFP) for services.

- The personal service coordinators will provide training and assistance to program participants in locating, securing and inhabiting housing which is appropriate to their level of functioning.
- The team shall provide training and instruction, including individual support, problem solving, skill development, modeling and supervision, in home and community settings, to teach the consumer to finance and maintain safe, clean and affordable housing
- Contractor shall provide supported independent and independent housing as appropriate for the client. The goal is to have every client in supported independent and independent housing as appropriate as soon as possible, with proper supports.
- Supportive housing –permanent affordable housing with combined supports for independent living, including projects that meet the following criteria:
  - Housing is permanent, meaning that each tenant may stay as long as he or she pays his or her share of rent and complies with the terms of a lease or rental agreement,
  - Housing is affordable, meaning that each tenant pays no more than 30% of household income, and
  - Tenants have access to an array of support services that are intended to support housing stability, recovery and resiliency, but participation in support services is not a requirement for tenancy,
  - Housing may be subsidized by the contractor,
  - Supportive housing may be site-based (all or a portion of the units in a building are designated for people with special needs, and supportive services are available on-site) or scattered site (tenants have or rent houses at various locations in the community); and
  - Housing options will be available for adults who are single and those who choose to share housing, as well as families with children.

#### **4. Please provide**

- **The average cost for each Full Service Partnership participant including**
  - **All fund types and**
  - **Fund sources for each Full Service Partnership proposed program.**

The average costs for the Full Service Partnership services for the Intensive Community Services and Supports are approximately \$13,179-15,310 per consumer. The primary

funding source will be MHSA money in addition to revenues such as Medi-Cal, SSI, General Relief, client rents, etc.

**5. Describe how the proposed program will;**

- **Advance the goals of recovery for adults and older adults or resiliency for children and youth.**
- **Explain how you will ensure the values of recovery and resiliency are promoted and continually reinforced.**

Through the services provided, the client will be able to live, work, learn, and participate fully in the community. The goal is to have consumers live a fulfilling and productive life despite having mental health issues. It is hoped through the client-directed, strength-based services and supports, mental illness symptoms will be reduced or eliminated.

Consumers and their families will learn good problem solving skills which will lead to employment, living independently in the community with a sense of mastery and competence. Services will focus on recovery. Service plans will encourage and support hope for the client and their families/significant others. This will promote and reinforce recovery and resiliency principles.

**6. If expanding an existing program or strategy, please describe;**

- **Your existing program and**
- **How that will change under this proposal.**

The programs requesting funding and described in this section will be providing new services for the consumers of Fresno County.

**7. Describe which services and supports clients and/or family members will provide.**

- **Indicate whether clients and/or families will actually run the service or**
- **If they are participating as a part of a service program, team or other entity.**

**The Center**

The Center will hire consumers and family members and seek consumer/family member volunteers to provide supportive services. Examples include but are not limited to;

- Group and individual supportive services in addition to teaching Wellness, Recovery, Action Plan services and Crisis Plan services,
- Operating the food bank and clothing exchange,
- Provide warm or CALM (Consumers Against Living Miserably) line services,
- Transportation
- Set-up and social activities
- Teach life skills courses, e.g., money management, independent living skills, cooking, cleaning, etc.,
- Job coaching services,

- Literacy and other educational services, and
- Other services as designated by consumers/family members.

This language will be written into the County's RFP for services.

### **The Intensive Community Services and Supports Team**

Each team serving consumers which provides Intensive Community Services and Support services shall have at least one mental health specialist(s), e.g. Mental Health Advocate, Peer Advocate, Family Advocate. The exact job titles for these specialist(s) will be determined. At least one of the mental health specialists shall be a primary consumer/family member.

These specialists shall meet, at a minimum, one of the following requirements:

(1) Hold a Bachelor's degree in a behavioral health science from an accredited institution and have two years post Bachelor's experience in the provision of mental health services; or

(2) A primary consumer/family member who does not possess a Bachelor's degree, as required in this section, shall be regarded as a full, professional member of the clinical team, function under the same job description as other mental health specialists, and receive salary parity. The primary consumer may substitute demonstrated volunteer or paid experience working with individuals with serious and persistent mental illness in lieu of a Bachelor's degree.

Regarding disclosure to clients, their families and significant others in which a staff person is himself/herself a consumer or a family member than staff person shall respect the individual preference of the other staff person, and the decision to disclose shall be clinically driven and made in consultation with the team director/coach and the team. Family member/significant other staff may not serve on the same team as the one which provides services to the client. This verbiage will included in any RFP the County issues for these services.

### **8. Describe in detail**

- **Collaboration strategies with other stakeholders that have been developed or will be implemented for this program and priority population, including those with tribal organizations.**
- **Explain how they will help improve system services and outcomes for individuals.**

During the Community Planning Process for the MHSA plan, the top service priorities for the adult population voted by the community were:

- Anti-stigma campaign;
- Peer/Family Member Center;
- Intensive Community Services and Supports Team;
- The restoration and expansion of AB 2034 Services;



- More supported independent housing for consumers;
- Services for consumers'w/co-occurring mental health/substance abuse disorders.

Current collaborative relationships include:

- BAART
- Cabal, Inc.,
- Community Behavioral Health Centers,
- Fresno Rescue Mission,
- Poverello House,
- Naomi's House,
- Department of Employment and Temporary Assistance,
- Department of Community Health,
- Department of Children and Family Services,
- Fresno County Jail Medical Services,
- Fresno County Probation,
- Fresno County Sheriff,
- Fresno New Connections,
- California State University, Fresno,
- Good Sheppard Communities,
- Juvenile Justice Commission,
- Lao Family,
- Mental Health Association,
- NAMI of Fresno,
- Primer Paso Institute,
- Proteus, Inc.,
- United Consumer Advocacy Network,
- Central Valley Regional Center,
- Centro La Familia, Inc.,
- Comprehensive Youth Services,
- Craycroft Youth Center,
- EOC,
- Fresno Center for New Americans,
- Fresno New Connections,
- Fresno Police Department,
- Fresno Unified School District,
- FIRM,
- Fresno City College

The services developed above meet those priorities established by the community. Tribal organization input was sought. The County will reach out and will contract with various community-based, cultural and faith-based organizations for such services.

There continues to be further education of consumers, family members and the community about MHSA. The planning process continues for the MHSA services. Another round of meetings with consumers/families/stakeholders will be held throughout the County in April 2006 to keep the community informed of the MHSA status and solicit feedback on the last planning process and advices to move forward. This will be an on-going process.

During the next two years, tribal organizations, faith-based, cultural and other community-based organizations input will continue to be sought and contracted for development of culturally sensitive services for its members. The expertise of the tribal leaders will be utilized to increase the understanding and cultural competency of County, MHSA program leadership and staff. This should improve services and outcomes for the community. Contracts will be developed with community-based organizations for such input and training.

Consumer and family members served through the MHSA funds will also provide input regarding their satisfaction of the services, if the services met their expectations and goals, how could services be improved and what future services they would like to have developed. These services will be modified or furthered developed based upon input from our consumers, family members and the community.

## **9. Cultural Competency**

- **Discuss how the chosen programs/strategies will be culturally competent and meet the needs of culturally and linguistically diverse communities.**
- **Describe how your program and strategies address the ethnic disparities identified in Part II Section II of this plan**
- **Describe what specific plans will be used to meet their needs**

The DMH approved Claims Summary Data for fiscal year 2003-04 shows a penetration rate of 2.60% for Latinos, 2.28% for Asian/Pacific Islanders, and 9.12% for African-American Medi-Cal consumers. In addition it reports 2.02% for over age 65 Medi-Cal consumers. The penetration rate for all Fresno County mental health consumers for that same year was 4% for metropolitan Fresno-Clovis and 1.6 % for the rural areas. Data from the Fresno County Cultural Competence Plan shows that Latino consumers whose primary language is English have a penetration rate of 8.6%, while Latinos whose primary language is Spanish have a penetration rate of only 2%. The opposite is true among Southeast Asian consumers if English is their primary language (.85%), the penetration rate is dramatically lower than if they do not speak English (34.3%). These current demographics are vital to identifying the diverse needs of the target populations.

The County will continue to assess the demographic make-up and population trends of its service areas to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to the planning and for the provision of appropriate and effective behavior health and substance abuse services. The need for continuous assessment of County trends are quite evident with the movement of migrant Latino

families following harvests from east to west seasonally and the evolving change in historically local ethnic specific communities/neighborhoods to another ethnic specific population.

Particular attention will be made to such changes that are occurring in west metropolitan Fresno. Recent data gathered through the County's Family-to-Family program reports that although the west metropolitan Fresno area infrastructure remains African-American, the Latino and Southeast Asian population is increasing at a rapid pace. The older adult ethnic populations, particularly the first generation of Latino and Southeast Asians, speak little to no English. Latinos may be bilingual in the metropolitan areas if they are second or third generation. The same Latino population in the rural areas may be limited or non-English speaking as well. First generation Southeast Asian adults are most likely to be limited or non-English speaking. With the MHSA monies, it is planned to provide access to this population in their preferred language. This will be done through bilingual/bicultural staff. The goal is to decrease and eliminate disparities in access and quality of care for Latino, Southeast Asian, and African-American communities.

Immigrants coming to this country are often accustomed to different health care systems and may have different health beliefs. They may speak another language or have limited English proficiency. The underlying issues of lack of insurance coverage, language barriers, different cultural and health beliefs, and general unfamiliarity with the U.S. health care system have not been adequately addressed. Recent immigrants are likely to have fewer marketable skills, lower incomes, and a weaker command of the English language, than those who have lived here longer.

Research evidence suggests as immigrants are exposed to and adopt traditional American health behaviors over time, their health status begins to converge with that of the general U.S. population. For example, increased time in the U.S. has been associated with increased rates of usage of both alcohol and illicit drugs among foreign-born populations. While recent immigrants have significantly lower rates of substance abuse, immigrants residing in the United States for more than 15 years use illicit drugs at rates similar to the native-born population.

Cultural and language barriers in the health care setting can present enormous obstacles to good medical care and have an impact on the health and well-being of many immigrants and their families. For example, Western medicine may not support, and can sometimes misinterpret, cultural and religious beliefs of newcomers. In many cultures, speaking to deceased loved ones is a natural means for coping with death, but these individuals may be diagnosed by Western physicians as needing mental health care services.

Similarly, language barriers have been shown to impede access at several entry points, from having health insurance to receiving basic and preventive care to accessing specialty services. This can create barriers to the effective use of the U.S. health care

system and providers must be aware of these different cultural beliefs in order to effectively treat growing immigrant populations.

Relocation involves a set of challenging, and stressful activities for most individuals: securing a job, finding a place to live, enrolling children in school, and obtaining basic needs, such as transportation, health care, and utilities. Immigrants resettling in a new country face these same stressors, as well as a host of others, including a period of cultural adjustment that influences, and often changes, family dynamics.

Every member of an immigrant or mixed-status family faces unique challenges as a result of living in a new country and adjusting to accompanying cultural norms and expectations. Adjustment challenges can include:

- Culture shock and language barriers;
- Intergenerational conflict and role reversals;
- Decline in family status and the loss of established networks;
- Fear of legal status and expectations of discrimination, and
- Hopelessness in the face of unfamiliar bureaucracies.

Children often assimilate more quickly than adults, acquiring language skills and developing an understanding of their adopted system. As a result, children are often put in the position of mediating between adult relatives and service providers or representatives of agencies (such as schools, health providers, and government officials). Children are called upon by their elders to translate documents, interpret conversations, and explain policies and practices.

Children (both immigrant children and native-born children of immigrants) often feel as though they are caught between two worlds and must deal with conflicting demands; they feel parental pressure to stay true to their native culture, while peer pressure encourages them to act more American and fit in with popular culture.

In contrast to their increased responsibilities within the household, many young immigrants are placed in schools at levels below their knowledge base because of language gaps or age. Meanwhile they are further torn between adopting American values and continuing to take direction from parents who may have become increasingly dependent on their children.

Such pressures are often less likely to be addressed among immigrant youth because of the stigma associated with mental health care in many cultures. Parents are often frustrated with their child's behavior but are not inclined to access mental health services. Studies have shown that young immigrants are nearly twice as likely to attempt suicide as the highest risk cohort of American-born youth. Too few prevention and support services are targeted to young immigrants and few resources are available to provide comprehensive services for the entire family.

For parents, community expectations regarding parental involvement in schools and securing preventive health care services (such as immunizations) may be different than

those in their home country. Parents also tend to learn English more slowly than children, resulting in a reliance on their children for help with interpretation and with navigating community systems. This change in power dynamics can be detrimental, eroding the respect children typically have for their parents.

Of all family members, grandparents are at the most risk for social isolation. Their adult children often work full-time, and the rapid Americanization of their grandchildren may cause them to feel uncomfortable around them. Additionally, older adults are less likely to feel comfortable speaking English, and therefore, may not readily venture outside their homes. Lastly, immigrant seniors often feel the respect for one's elders is not as valued in American culture as it is in their own. Due to these stressors and challenges, family dysfunctions may result, leading to such problems as depression, substance abuse, family violence, or children dropping out of school.

Community-based social support and counseling programs need to be increased in scope and availability and should include educational and health promotion components. It is important for the populations served to have networking opportunities and to socialize with peers and mentors. There are also few accessible and culturally appropriate counseling and support services for many ethnic groups. These types of groups and supports will be developed at the Center for the various ethnic communities throughout Fresno.

Particularly in the area of mental health, providers need to be sensitive to clients' cultural adjustment issues. These sometimes include experiences as refugees and as survivors of war trauma and discrimination. Too few counselors, social workers, and medical practitioners possess the language skills needed to communicate directly with clients. This shortage results in a reliance on interpreters which can severely limit or delay access to care. Beyond that, the use of interpreters in the mental health setting alters the therapeutic dynamic and can compromise the nature of care.

The role of community-based immigrant mental health cultural brokers in the mental health arena such as Promotoras, are important to help bridge the gap of services. These individuals provide one-to-one support and referrals for families and individuals struggling with social and economic issues. They act as a bridge between mainstream supports and services, and community members. Working with individual, family, community and organizational levels, the Promotoras would:

- Link community members to preventive help and health services;
- Mobilize people in their communities to work together to increase health education and preventive practices;
- Foster the learning of health care system participants how to better support individuals from diverse cultural backgrounds; and,
- Ensure timely access by immigrant & refugee patients/families to health & mental health services, as well as continuity of care along the full continuum of services.

The County or contractor will hire bilingual and bicultural staff to provide culturally and linguistically appropriate strength based mental health supportive services that are client

and family-driven. All staff will meet the language proficiency requirement set by County Personnel for bilingual pay and will be interviewed in the specific language identified for the target population. Should a potential consumer require language assistance for a language outside the proficiency of the staff, a certified interpreter will be acquired. Technical assistance will be provided through the Cultural and Linguistic Access to services (CLAS) program. This was established in 2001 to comply with the Cultural Competency Plan and the Office of Civil Rights mandates.

Every effort will be made to recruit and hire staff that has proficient language ability and the knowledge and skills to work with the identified populations. It is hoped that these staff would be from the targeted communities and surrounding areas served. Any Request for Proposal (RFP) will require that contractors hire similar staff and demonstrate the organization's experience in working with Latino, Southeast Asian and African American communities in the TAY, adult and older adult populations.

The County acknowledges the challenge in completing this endeavor as the local mental health workforce is not reflective of the County's diverse population. Stigma may deter consumers from ethnic communities from stepping forward. The County will continue to collaborate with the local university and community college in assisting staff, clients and community workers to develop professionally.

The County will contract with various community based organizations to provide ongoing consultation and partner for training using the modules initiated by the County's Cultural Competency Plan. The Curriculum is based on the Georgetown Model-Terry Cross and Associates as well as aspects from the Ventura and Santa Clara County Program models. A framework will be utilized as it relates to the following: attitude, practice, structure, and policy. Training will be administered within a four-tiered structure:

- Induction training (for new personnel),
- Review of cultural and linguistic considerations of the identified target populations,
- Advanced culturally appropriate assessment and best practice/strength- based interventions and,
- Evaluation of practice (client).

A case consultation approach will be utilized, which will include an empowerment-based perspective. This framework will be used as a foundation for training that will be open to further development with client and family input. In addition, training will be provided for all staff in the "Promoto ra"(community health worker) model of providing outreach and service delivery activities at the community level. If local trainers are not available, trainers will be recruited from counties which have integrated the model in their mental health service programs.

**Strategy: The client and family support services through the “Village” model peer and family member center**

- Staff will provide education and consultation on the signs and symptoms of mental illness, linkage to appropriate services, cultural strengths, wellness and recovery model, and family support systems. The plan will develop efficient linkage and a warm hand off to services between providers. Education and training will be interchanged
- When mental illness occurs, all members of the nuclear and extended family, clan and support circle may be affected. Staff will provide client driven services that build on the clients cultural and familial strengths. All decision makers and family members will be involved in the recovery process. Cultural traditions and family values will be acknowledged and strengthened. Staff will be careful not to use intervention strategies that diffuse the power of family relationships.
- Staff will educate the client, family members, providers and caregivers on healthy self-care and living that is culturally based.
- Recruit and strengthen extended family and neighborhood support systems to allow for the least restrictive living environment.

**Strategy: Outreach services for persons who are homeless or at risk of homelessness**

- Crisis and stabilization in the home and/or least restrictive level of care will be first and foremost.
- Emergency placement will be matched to the clients linguistic and cultural background.
- The team will ensure that the client is served in a culturally sensitive and linguistically appropriate approach by providing consultation to the multidisciplinary team regarding services within the target ethnic community.
- Staff will involve natural and community support systems in the integrated model of multidisciplinary service teams.
- All interventions will reinforce and integrate cultural strengths and values in the wellness and recovery model and the least restrictive level of care in the clients' own community.
- Staff will consider clients cultural community and family supports when placing in housing so they are accessible as dictated by the wishes of the client.

**Strategy: For individuals with co-occurring disorders, integrated substance abuse and mental will be provided simultaneously; Integrated services with law enforcement, probation and courts**

- The team will ensure that the client is served in a culturally sensitive and linguistically appropriate approach by providing consultation to the multidisciplinary team regarding services within the target ethnic community.
- Staff will involve natural and community support systems in the integrated model of multidisciplinary service teams.
- All interventions will reinforce and integrate cultural strengths and values in the wellness and recovery model and the least restrictive level of care in the clients' own community.

**Strategy: Intensive community services and supports teams capable of providing services to clients where they live, 24/7 including consumers or family members as team members; Client self-directed care plans (e.g., Wellness Recovery Action Plans or other similar models); Services to assist families in supporting youth during this period; and Education and advocacy services**

- Preferred language will be available.
- Stabilize using client strengths and use of cultural customs and tradition in time of crisis.
- Home based services will be available
- Promotoras and clinical staff will be matched to the ethnic population served to provide outreach, education and support services to reduce stigma and assist with a warm hand off to appropriate services. Collaboration with local key community leaders and informal leaders will be part of the outreach effort. Outreach will be conducted at primary care centers, local senior centers, church groups, local grocery stores, Laundromats, family oriented community activities, neighborhood gathering places, mobile home parks, farm labor areas and family owned farms, packing sheds, etc. Isolated individuals/families will be reached and served through home-based services and natural support networks such as word of mouth, extended family, clan elders. All efforts will be made by building trust and rapport with key individuals and most importantly the client.
- Staff will involve family and extended family elders and other significant community supports, such as church members, healers, and clan members in the mental health support services of the older adult. Latinos, Southeast Asian and African American clients tend to use family based support systems. Traditions and values concerning the role of the family, who is included in the family and who makes



decisions vary across ethnic groups. The family or kin is often chiefly responsible for its members and support from kin may be essential in helping the client.

- Staff will educate and involve clients, nuclear and extended family members and significant community members in the wellness and recovery process. Special attention will be given to Wellness Recovery Action Plans, cultural strength based approaches, healthy values and attitudes.

**Strategy: Education for clients and family or other caregivers as appropriate to maximize individual choice about the nature of medications, the expected benefits and the potential side effects as well as alternatives to medications;**

- Information regarding medications will be printed in English and/or Spanish for clients/caregivers and family members. Most of our Hmong clients don't read Hmong. Staff will be available to translate the information on medications to them.
- Staff will educate the client, family members, providers and caregivers on healthy self-care and living that is culturally based.
- Ethno-pharmacology considerations will be ongoing in this integrated approach.
- Traditional healers, such as local herbalists, faith healers, and acupuncturists, play important roles in recovery of mental and physical health within some cultures. Collaboration, consultation, education and training from local traditional healers are vital in this plan. Staff will acknowledge and integrate traditional methods of healing used by clients into services delivery. Staff will use the County referral system initiated by the County's Cultural Competency Plan to link clients to traditional healers, if requested. The staff will be alert for any use of dangerous healing practices and consult with the collaborating primary care provider for any corrective measures.

**Strategy: Values-driven culturally competent evidence-based or promising clinical services that are integrated with overall service planning and support housing, employment, and/or education goals**

- Primary care providers are critical players in the early diagnosis of certain mental illnesses. Data from a local study indicates that people tend to go to physical health providers more than they go to mental health services agencies. Somatization of mental health symptoms is evident in the Southeast Asian, Latino and African-American population. This often leads the client to seek help from their primary care physician. It is vital that primary care providers participate with mental health professionals in consultation and training how to differentiate between physical and mental illness and the complexity of co-occurring illnesses. The staff will work in collaboration with primary care providers to prevent misdiagnosis, develop and implement a client-driven integrated approach to wellness and recovery.

- Ethno-pharmacology considerations will be ongoing in this integrated approach.
- Traditional healers, such as local herbalists, faith healers, and acupuncturists, play important roles in recovery of mental and physical health within some cultures. Collaboration, consultation, education and training from local traditional healers are vital in this plan. Staff will acknowledge and integrate traditional methods of healing used by clients into services delivery. Staff will use the County referral system initiated by the County's Cultural Competency Plan to link clients to traditional healers, if requested. The staff will be alert for any use of dangerous healing practices and consult with the collaborating primary care provider for any corrective measures.
- Staff will acknowledge the importance of family and other cultural supports when placing clients in housing so clients have access to them as desired.
- Staff will match clients with their strengths and abilities when working with employment issues. Staff will educate employers as necessary regarding cultural issues, mental health issues, etc.
- Staff will work with educational systems and providers in regards to the clients' educational plan. Staff will educate teachers, etc., on cultural and mental health issues as necessary.

The County is proposing to contract with a team of experts who are linguistically and culturally competent in conducting a needs assessment in the area of cultural competence for the County. It is anticipated that the County will use the result of the needs assessment in reviewing and completing its annual MHSA updates. The request is made in the System Improvement Funding category.

The Contractor shall be required to assess the demographic make-up and population trends of its service area to identify the cultural and linguistic needs of the eligible beneficiary population. Such studies are critical to designing and planning for providing appropriate and effective behavioral health and substance abuse services. Outreach strategies will be developed that will engage faith-based and cultural organizations to identify service needs. From this, on-going collaboratives will provide referrals to and services for culturally and linguistically diverse communities.

Providing medically necessary specialty behavior health and co-occurring disordered services in a culturally competent manner is fundamental in any effort to ensure success of high quality and cost-effective services. Offering those services in a manner that fails to achieve its intended result due to cultural and linguistic barriers is not cost effective.

To assist the Contractor's efforts towards cultural and linguistic competency, the County shall provide the following:

- Technical assistance to the Contractor regarding cultural competency implementation;
- Demographic information to the Contractor on service area for services planning;
- Cultural competency training for County and Contractor personnel
  - Contractor staff will be mandated to attend at least one cultural competency training per year;
  - Interpreter training for County and Contractor personnel;
- Technical assistance for the Contractor in translating behavioral health and substance abuse services information to the County's threshold languages (Spanish and Hmong), Cambodian and Laotian. As funds become available, translation of documents will be done in Vietnamese, Punjabi and Russian.
- Perform periodic reviews to ensure cultural needs are being addressed.
- Weekly mentoring of staff and service reviews.

**10. Describe how services will be provided in a manner that is**

- **Sensitive to sexual orientation,**
- **Gender-sensitive and**
- **Reflect the differing psychologies and needs of**
  - **Women and men,**
  - **Boys and girls**

Sexual orientation and sensitivity to gender differences is a basic cultural competence principle. This has been taught in the cultural competency training. The literature suggests that the mental health needs of Lesbian, Gay, Bisexual, Transgender (LGBT) individuals may be at increased risk for mental disorders and mental health problems due to exposure to societal stressors such as stigmatization, prejudice and anti-gay violence. Social support may be critical for this population. Access to care may be limited due to concerns about providers' sensitivity to differences in sexual orientation. Mandatory training regarding the special needs of this diverse population will be required. This language will be written into the County's RFP for services.

Staff will assume that the population served may not be in heterosexual relationships. The provider will make sure that an assessment of a client's sexual orientation is included in the bio-psychosocial intake process. All provider/contracted staff will be required to attend cultural competency training yearly. Gender sensitivity and sexual orientation will be further expanded upon during this yearly training. Staff will utilize existing community supports, referrals to transgender support groups, etc., when appropriate. This language will be included in the County's RFP for services.

These issues are of concern in the area of outreach to and the treatment of trauma in adults who experience sexual harassment and intimate partner abuse. Staff providing services will be trained on these issues.

**11. Describe how services will be used to meet the service needs for individuals residing out-of-county.**

Not applicable. Services will be provided to clients who reside within Fresno County. However if there are Fresno County consumers residing out-of-county, they will be served by existing County and County-contracted mental health services.

**12. If your county has selected one or more strategies to implement with MHSA funds that are not listed in Section IV please describe those strategies in detail including;**

- How they are transformational and
- How they will promote the goals of the MHSA

Not applicable. Fresno County is providing services which are listed in Section IV.

**13. Please describe the timeline for this work plan, including all critical implementation dates.**

Board of Supervisors Approval ~~September 27, 2005~~  
Commission and State DMH meeting ~~November 21, 2005~~  
State Department of Mental Health Approval ~~June 2006~~  
Request for Quote/Proposal ~~June--August 2006~~  
Award contract(s), Recruit, hire, train staff ~~September~~ ~~October 2006~~  
Program Services begin ~~October 2006~~

Year 1 (2005~~2006~~);

- Request for Quote/Proposal from community-based service organizations will be facilitated and completed during the fourth quarter of the fiscal year. Partner organizations will be identified and collaborations for training and engagement will be designed.

Year 2 (2006~~2007~~);

- Contract(s) developed,
- Staff hired/trained,
- Partner with community-based service organizations for additional training needs and services,
- Engage and outreach to community-based organizations for training and mutual services,
- Build service capacity,
- Monitor and evaluate co-occurring service delivery,
- Monitor outcomes,
- Benchmark best practices.

Year 3 (20072008);

- Continue to partner with community-based service organizations for additional training needs and services,
- Continue to engage and outreach to community-based organizations for training and mutual services,
- Continue to build service capacity,
- Monitor and evaluate co-occurring service delivery,
- Monitor outcomes,
- Benchmark best practices.

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): <u>Fresno</u>	Fiscal Year: <u>2005-06</u>
Program Workplan # <u>Adult - FSP - 2a</u>	Date: <u>5/4/06</u>
Program Workplan Name <u>Peer/Family Support and Recovery Services</u>	Page: <u>1 of 15</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>0</u>	New Program/Service or Expansion: <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>300</u>	Prepared by: <u>Debbie DiNoto</u>
Client Capacity of Program/Service Expanded through MHSA: <u>0</u>	Telephone Number: <u>559-244-2061</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				<u>\$0</u>
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$355,337			\$355,337
b. New Additional Personnel Expenditures (from Staffing Detail)	\$0			\$0
c. Employee Benefits (Employee benefits range from 27% to 45%)	<u>\$137,737</u>			<u>\$137,737</u>
d. Total Personnel Expenditures	\$493,074	\$0	\$0	\$493,074
<b>3. Operating Expenditures</b>				
a. Professional Services	\$21,650			\$21,650
b. Translation and Interpreter Services	\$3,000			\$3,000
c. Travel and Transportation	\$12,912			\$12,912
d. General Office Expenditures	\$7,914			\$7,914
e. Rent, Utilities and Equipment	\$62,466			\$62,466
f. Medication and Medical Supports	\$0			\$0
g. Other Operating Expenses (provide description in budget narrative)	<u>\$29,631</u>			<u>\$29,631</u>
h. Total Operating Expenditures	\$137,573	\$0	\$0	\$137,573
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	<b>\$630,647</b>	<b>\$0</b>	<b>\$0</b>	<b>\$630,647</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment	\$630,647			\$630,647
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$630,647	\$0	\$0	\$630,647
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue Client fees/rent				<u>\$0</u>
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$630,647	\$0	\$0	\$630,647
<b>C. One-Time CSS Funding Expenditures</b>				
	\$452,307			\$452,307
<b>D. Total Funding Requirements</b>				
	\$452,307	\$0	\$0	\$452,307
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				
				<b>40%</b>

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative  
Adult FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2005-06  
Date: 5/4/06  
Page: 2 of 15

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene		\$0
b. Travel and Transportation		\$0
c. Housing (vouchers for temporary relocation)		\$0
d. Employment and Education Supports		\$0
e. Other Support Expenditures (respite care, training for caregivers, registry)		\$0
f. Total Support Expenditures		<b>\$0</b>

**2. Personnel Expenditures**

a. Current Existing Positions		\$355,337
b. New Additional Personnel Expenditures		\$0
c. Employee Benefits (Employee benefits range from 27% to 45%)		\$137,737
d. Total Personnel Expenditures		<b>\$493,074</b>

**3. Operating Expenditures**

<b>a. Professional Services</b>		
Professional and specialized services	\$21,650	\$21,650
Includes security costs, etc.		
<b>b. Translation and Interpreter Services</b>		\$3,000
<b>c. Travel and Transportation</b>		\$12,912
Transportation, travel, education	\$4,152	
Transportation, travel, County garage	\$8,760	
<b>d. General Office Expenditures</b>		\$7,914
Postage costs	\$1,005	
Office expenses	\$6,909	
<b>e. Rent, Utilities and Equipment</b>		\$62,466
Utility costs	\$8,102	
Rents and leases of buildings	\$40,570	
Rents and leases of equipment	\$180	
Mobile communications	\$132	
Telephone	\$4,654	
Maintenance of equipment	\$7,298	
Maintenance of buildings-Public Works	\$1,530	
<b>f. Medication and Medical Supports</b>		\$0
<b>g. Other Operating Expenses</b>		\$29,631
Memberships	\$621	
Household expenses	\$1,356	
Food for events, trainings, etc.	\$18,334	
Small tools and instruments	\$1,500	
Special departmental expense	\$7,820	
<b>h. Total Operating Expenditures</b>		<b>\$137,573</b>

**4. Program Management**

a. Existing Program Management		\$0
b. New Program Management		\$0
c. Total Program Management		<b>\$0</b>

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative  
Adult FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2005-06  
Date: 5/4/06  
Page: 3 of 15

**5. Estimated Total Expenditures when services provider is not known** **\$0**

**6. Total Proposed Program Budget** **\$630,647**

**B. Revenues:**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. Realignment	\$630,647
d. State General Funds	\$0
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue	\$630,647
<b>h. Total Existing Revenues</b>	<b>\$630,647</b>

**2. New Revenues**

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds	\$0
d. Other Revenue	\$0
<b>e. Total New Revenue</b>	<b>\$0</b>

**3. Total Revenues** **\$630,647**

**C. One-Time CSS Funding Expenditures**

All training RFP's developed July-Sept 2006. Contracts start October 2006.

Training to include:	\$92,941
Personal Service Coordination Training--team approach, work with primary health care, law enforcement, courts, etc., treatment team planning, family involvement	\$1,513
Crisis counseling; Cognitive-behavioral therapy	\$699
Co-occurring Disorders--Minkoff and Cline	\$48,742
WRAP/Crisis Plan training;recovery concepts/principles, train the trainer	\$10,000
Education of Client/Family, Support Svcs, effects of meds, symptom management, goals/problem solving, coping with stressors, strength/skill development, transportation training, housing options/tenant rights/responsibilities, social skill development	\$5,200
Contracts with ethnic communities for culturally competency training	\$3,027
Contracts with ethnic communities for sexual orientation/gender sensitivity	\$1,009
Treatment of trauma--sexual harassment & intimate partner abuse	\$757
How to build service capacity	\$326
Best Practices	\$757
Work as Therapy	\$1,830
Village Model of Services	\$8,259
Development of youth leadership	\$1,042
Housing Policy Academy Regional Training	\$3,396
CASRA training including family advocacy training	\$6,384



**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Adult FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2005-06  
Date: 5/4/06  
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	<u>Quantity</u>	<u>Amount</u>	<u>Est. Start Date</u>	
Anti-Stigma Campaign for two years @100,000(RFP develop July--Sept 06/Contracts Oct 06				\$10,976
Out-reach to community RFP develop July--Sept 06/Contracts Oct 06				\$59,577
Two Year Marketing Plan RFP develop July--Sept 06/Contracts Oct 06				\$14,894
Cell Phones @100 each	6	\$600	Aug-06	\$600
Passenger Vehicles @ \$14,100 each	5	\$70,500	Aug-06	\$70,500
Van @ \$17,500 each	1	\$17,500	Aug-06	\$17,500
Van (handicapped accessible)	1	\$40,000	Aug-06	\$40,000
Computers (PC & flat screen monitor) @\$2500 each	11	\$27,500	Aug-06	\$27,500
PC Laptop @ \$5,000 each	1	\$5,000	Aug-06	\$5,000
One Time Software Licensing @ \$1341	12	\$16,092	Aug-06	\$16,092
Printers (Laser) @ \$1802 each	7	\$12,614	Aug-06	\$12,614
Computer/Projector @ \$2500 each	1	\$2,500	Aug-06	\$2,500
Color Printer @ \$2725 each	1	\$2,725	Aug-06	\$2,725
Color Printer cartridges @ \$3650 each	1	\$3,650	Aug-06	\$3,650
Color Printer supplies @ \$730 for 10,000 pages			Aug-06	\$730
Copy Machine--heavy duty machine @ \$4200 each	2	\$8,400	Aug-06	\$8,400
Fax Machine @ \$763	1	\$763	Aug-06	\$763
Installation of telephone line for fax	1	\$200	Sep-06	\$200
Installation of telephone lines for phones	16	\$3,200	Sep-06	\$3,200
Sound system for training demo @ \$1000 each	1	\$1,000	Aug-06	\$1,000
Office Landscaping @ \$2000 per FTE	10	\$20,000	Aug-06	\$20,000
TV @ \$2000 each	3	\$6,000	Aug-06	\$6,000
Stereo @ \$200 each	3	\$600	Aug-06	\$600
Refrigerator and Freezer @ \$1100 each	2	\$2,200	Aug-06	\$2,200
Ice Machine @ 1905 each	1	\$1,905	Aug-06	\$1,905
Dishwasher @ \$900 each	1	\$900	Aug-06	\$900
Washer/Dryer @ \$1200 both	1	\$1,200	Aug-06	\$1,200
Stove @ \$659	1	\$659	Aug-06	\$659
Vacuum @ \$169	1	\$169	Aug-06	\$169
Bathroom items, etc.			Aug-06	\$750
Living Room Furniture (2 couches, coffee tables, end tables, lamps, pictures)			Aug-06	\$3,494
Chairs - Task Chairs (aka Ergonomic) @ \$281 each	10	\$2,810	Aug-06	\$2,810
Chairs - Guest Chairs @ \$133 each	100	\$13,300	Aug-06	\$13,300
Tables @ \$370	10	\$3,700	Aug-06	\$3,700
File Cabinet (2 drawer) @ \$98 each	7	\$686	Aug-06	\$686
File Cabinet (4 drawer) @ 136 each	4	\$544	Aug-06	\$544
Bookcases @ \$138 each	6	\$828	Aug-06	\$828
Storage Cabinets @ \$200 each	6	\$1,200	Aug-06	\$1,200

**D. Total Funding Requirements**

**\$452,307**

**E. Percent of Total Funding Requirements for full Service Partnerships**

**40%**



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Fresno Fiscal Year: 2006-07  
 Program Workplan # Adult - FSP - 2a Date: 5/4/06  
 Program Workplan Name Peer/Family Support and Recovery Services Page: 6 of 15  
 Type of Funding 1. Full Service Partnership Months of Operation: 9  
 Proposed Total Client Capacity of Program/Service: 400 New Program/Service or Expansion: Expansion  
 Existing Client Capacity of Program/Service: 300 Prepared by: Debbie DiNoto  
 Client Capacity of Program/Service Expanded through MHSA: 100 Telephone Number: 559-244-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)	\$136,682			\$136,682
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits (Employee benefits range from 27% to 45%)	\$59,736			\$59,736
d. Total Personnel Expenditures	\$196,418	\$0	\$0	\$196,418
<b>3. Operating Expenditures</b>				
a. Professional Services	\$7,025			\$7,025
b. Translation and Interpreter Services	\$0			\$0
c. Travel and Transportation	\$5,830			\$5,830
d. General Office Expenditures	\$6,216			\$6,216
e. Rent, Utilities and Equipment	\$86,625			\$86,625
f. Medication and Medical Supports	\$75			\$75
g. Other Operating Expenses (provide description in budget narrative)	\$8,302			\$8,302
h. Total Operating Expenditures	\$114,073	\$0	\$0	\$114,073
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$857,693			\$857,693
<b>6. Total Proposed Program Budget</b>	<b>\$1,168,184</b>	<b>\$0</b>		<b>\$1,168,184</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment	\$310,491			\$310,491
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues	\$310,491	\$0	\$0	\$310,491
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue Client fees/rent				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	<b>\$310,491</b>	<b>\$0</b>	<b>\$0</b>	<b>\$310,491</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$857,693</b>	<b>\$0</b>	<b>\$0</b>	<b>\$857,693</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>40%</b>

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Adult - FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2006-07  
Date: 5/4/06  
Page: 7 of 15

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

<b>a. Clothing, Food and Hygiene</b>	\$0
<b>b. Travel and Transportation</b>	\$0
<b>c. Housing</b>	\$0
<b>d. Employment and Education Supports</b>	\$0
<b>e. Other Support Expenditures</b>	<u>\$0</u>
<b>f. Total Support Expenditures</b>	<b>\$0</b>

**2. Personnel Expenditures**

<b>a. Current Existing Positions</b>	\$136,682
Eliminated in six months per Board of Supervisors Program continued (FY 06-07) until Contractor is operational	
<b>b. New Additional Personnel Expenditures</b>	\$0
<b>c. Employee Benefits (Employee benefits range from 27% to 45%)</b>	<u>\$59,736</u>
<b>d. Total Personnel Expenditures</b>	<b>\$196,418</b>

**3. Operating Expenditures**

<b>a. Professional Services</b>	\$7,025
Professional and specialized services (County) (Includes security costs, interpreters, etc.)	
<b>b. Translation and Interpreter Services (Included under Professional Services)</b>	
<b>c. Travel and Transportation</b>	\$5,830
Transportation, travel, education (County)	\$712
Transportation, travel-County garage (County)	\$5,118
<b>d. General Office Expenditures</b>	\$6,216
Postage (County)	\$2,592
Office expense (County)	\$3,624
<b>e. Rent, Utilities and Equipment</b>	\$86,625
Utilities (County)	\$2,915
Rents and leases of buildings (County)	\$31,577
Rents and leases of equipment (County)	\$900
Mobile communications (County)	\$56
Telephone (County)	\$3,605
Maintenance of equipment (County)	\$3,116
Maintenance of buildings-Public Works (County)	\$0
PeopleSoft Human Resource charges (County)	\$2,033
PeopleSoft Financial charges (County)	\$4,328
Data Processing Services (County)	\$38,096
<b>f. Medication and Medical Supports</b>	\$75
<b>g. Other Operating Expenses</b>	\$8,302
Memberships (County)	\$0
Household expenses (County)	\$790
Food for events, trainings, etc. (County)	\$4,240
Small tools and instruments (County)	\$304
Special departmental expenses (County)	\$2,969
<b>h. Total Operating Expenditures</b>	<b>\$114,073</b>

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Adult - FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2006-07  
Date: 5/4/06  
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<b>4. Program Management</b>		
<b>a. Existing Program Management</b>		\$0
<b>b. New Program Mmanagement</b>		\$0
<b>c. Total Program Management</b>		<u>\$0</u>
<b>5. Estimated Total Expenditures when services provider is not known</b>		<b>\$857,693</b>
<b>Client, Family Member and Caregiver Support Expenditures</b>		
<b>a. Clothing, Food and Hygiene</b>		\$2,520
Food @ \$130/mo	\$1,170	
Bathroom/hygiene items @ \$ 150/mo	\$1,350	
<b>b. Travel and Transportation</b>		\$1,350
Bus tokens, bus passes, dial-a-ride, etc. @ \$15/mo*10 clients	\$1,350	
<b>c. Housing</b>		
<b>d. Employment and Education Supports</b>		\$43,200
Stipends for work experience @ 100/wk*12 clients	\$43,200	
<b>e. Other Support Expenditures</b>		
<b>f. Total Support Expenditures</b>		<u>\$47,070</u>
<b>Personnel Expenditures</b>		
<b>a. Current Existing Positions</b>		
<b>b. New Additional Personnel Expenditures</b>		\$187,625
6 mental health workers @ \$14,309 ea	\$85,854	
3 CMHS @ \$23,479 each	\$70,437	
2 OA @ \$15,667 each	\$31,334	
bilingual pay - \$50 * 4 staff * 18 pay periods		\$3,600
<b>c. Employee Benefits</b>		\$108,985
6 mental health workers @ \$9,029 ea	\$54,174	
3 CMHS @ \$11,961 ea	\$35,883	
2 OA @ \$9464 ea	\$18,928	
<b>d. Total Personnel Expenditures</b>		<u>\$300,210</u>
<b>Operating Expenditures</b>		
<b>a. Professional Services</b>		\$149,914
Consultation services by 2.5 FTE Licensed MH Clinicians	\$148,564	
Linen services @ \$150/month	\$1,350	
<b>b. Translation and Interpreter Services</b>		\$5,400
\$50/hour*12*9/months	\$5,400	
<b>c. Travel and Transportation</b>		\$21,000
Vehicle maintenance @ \$3000/yr/vehicle*7 vehicles	\$21,000	
<b>d. General Office Expenditures</b>		\$3,650
Postage, mailings, etc.	\$900	
Office expense@ \$250/staff/year	\$2,750	
<b>e. Rent, Utilities and Equipment</b>		
Rent, utilities, security, janitorial @ appx. 2.50 sq ft		\$277,212
9669 sq ft (10 mo--1 mo paid in advance)	\$246,560	
includes tenant improvement costs		
amortized in the rent over the term of lease		

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Adult - FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2006-07  
Date: 5/4/06  
Page: 9 of 15

**e. Rent, Utilities and Equipment (continued)**

Mobile communications, cell phone charges	\$2,160
Telephone @ \$65.53/mo/line*16 lines	\$10,485
Maint. Equipment contracts for appliances	\$528
Annual ITSD charges \$1748/yr*10 computers	\$17,480

**f. Medication and Medical Supports**

**g. Other Operating Expenses**

Household expenses @ \$100/mo	\$900	\$1,775
Food for events, trainings, etc. @ \$75/mo plus grand opening	\$875	

**h. Total Operating Expenditures** \$458,951

**Program Management**

**a. Existing Program Management**

**b. New Program Management**

6% of total program costs allowed for the contractor	\$51,462	\$51,462
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**c. Total Program Management** \$51,462

**6. Total Proposed Program Budget** **\$1,168,184**

**B. Revenues:**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. Realignment	\$310,491
d. State General Funds	\$0
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue	\$0
<b>h. Total Existing Revenues</b>	<u><b>\$310,491</b></u>

**2. New Revenues**

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds	\$0
d. Other Revenue	\$0
<b>e. Total New Revenue</b>	<u><b>\$0</b></u>

**3. Total Revenues** **\$310,491**

**C. One-Time CSS Funding Expenditures** **\$0**

**D. Total Funding Requirements** **\$857,693**

**E. Percent of Total Funding Requirements for full Service Partnerships** **40%**

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Fresno</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>Adult - FSP - 2a</u>	Date: <u>5/4/06</u>
Program Workplan Name <u>Peer/Family Support and Recovery Services</u>	Page: <u>10 of 15</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>9</u>
Proposed Total Client Capacity of Program/Service: <u>400</u>	New Program/Service or Expansion: <u>Expansion</u>
Existing Client Capacity of Program/Service: <u>300</u>	Prepared by: <u>Debbie DiNoto</u>
Client Capacity of Program/Service Expanded through MHSA: <u>100</u>	Telephone Number: <u>559-455-2061</u>

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					
Program eliminated per Board of Supervisors for FY 2006-07 Staffing will continue until contractors program is operational					
Licensed M.H. Clinician	provide clinical direction		2.00	\$30,862	\$61,724
M.H. Consumer Advocate	provide consumer advocacy for program	1.00	1.00	\$23,179	\$23,179
Community M.H. Specialist	provide support for the program	1.00	1.00	\$17,829	\$17,829
Office Assistant III	clerical support		1.00	\$15,509	\$15,509
Clinical Supervisor	provides clinical supervision for team		0.50	\$36,882	\$18,441
<b>Total Current Existing Positions</b>		2.00	5.50		\$136,682
<b>B. New Additional Positions</b>					
<b>Proposed Contractor Positions:</b> <u>(Information Only)</u>					
Community M.H. Specialist	provide support to TAY, Older Adult, Adult, Family	3.00	3.00		\$0
Mental Health Worker	provide support to TAY, Older Adult, Adult, Family	6.00	6.00		\$0
Office Assistant	provide clerical support to program	2.00	2.00		\$0
<b>Total New Additional Positions</b>		11.00	11.00		\$0
<b>C. Total Program Positions</b>		13.00	16.50		\$136,682

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Fresno Fiscal Year: 2007-08  
 Program Workplan # Adult - FSP - 2a Date: 5/4/06  
 Program Workplan Name Peer/Family Support and Recovery Services Page: 11 of 15  
 Type of Funding 1. Full Service Partnership Months of Operation: 12  
 Proposed Total Client Capacity of Program/Service: 200 New Program/Service or Expansion: New  
 Existing Client Capacity of Program/Service: \_\_\_\_\_ Prepared by: Debbie DiNoto  
 Client Capacity of Program/Service Expanded through MHSA: 200 Telephone Number: 559-244-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits (Employee benefits range from 27% to 45%)				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$928,073			\$928,073
<b>6. Total Proposed Program Budget</b>	\$928,073	\$0	\$0	\$928,073
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue Client fees/rent				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue Client fees/rent				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$928,073	\$0	\$0	\$928,073
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				40%



**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Adult - FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2007-08  
Date: 5/4/06  
Page: 12 of 15

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$0
b. Travel and Transportation	\$0
c. Housing	\$0
d. Employment and Education Supports	\$0
e. Other Support Expenditures	<u>\$0</u>
f. Total Support Expenditures	<b>\$0</b>

**2. Personnel Expenditures**

a. Current Existing Positions	\$0
Eliminated in FY 2006-07 per Board of Supervisors	
Program continued (FY 06-07) until contractor is operational	
b. New Additional Personnel Expenditures	\$0
standby/on-call pay	\$0
bilingual pay	\$0
c. Employee Benefits	<u>\$0</u>
d. Total Personnel Expenditures	<b>\$0</b>

**3. Operating Expenditures**

a. Professional Services	
b. Translation and Interpreter Services	
c. Travel and Transportation	
d. General Office Expenditures	
e. Rent, Utilities and Equipment	
f. Medication and Medical Supports	
g. Other Operating Expenses	
h. Total Operating Expenditures	<u>\$0</u>

**4. Program Management**

a. Existing Program management	\$0
b. New Program management	<u>\$0</u>
c. Total Program Management	<b>\$0</b>

**5. Estimated Total Expenditures when services provider is not known \$928,073**

**Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene		\$3,360
Food @ \$130/mo	\$1,560	
Bathroom/hygiene items @ \$ 150/mo	\$1,800	
b. Travel and Transportation		\$1,800
Bus tokens, bus passes, dial-a-ride, etc. @ \$15/mo*10 clients	\$1,800	
c. Housing		
d. Employment and Education Supports		\$62,400
Stipends for work experience @ 100/wk*12 clients	\$62,400	
e. Other Support Expenditures		
f. Total Support Expenditures		<u>\$67,560</u>

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Adult - FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2007-08

Date: 5/4/06

Page: 13 of 15

**Personnel Expenditures**

**a. Current Existing Positions**

**b. New Additional Personnel Expenditures**

3 CMHS @ \$32,401 ea

\$97,203

6 mental health workers @ \$19,746 ea

\$118,476

2 Office Assistants @ \$21,620

\$43,240

bilingual pay - \$50 \* 4 staff \* 26 pay periods

\$5,200

**c. Employee Benefits**

3 CMHS @ \$16,789 ea

\$50,367

6 mental health workers @ \$12,618

\$75,708

2 Office Assistants @ \$13,236

\$26,472

\$152,547

**d. Total Personnel Expenditures**

**\$416,666**

**Operating Expenditures**

**a. Professional Services**

Consultation services by .5 FTE Licensed MH Clinician

\$29,994

Linen services @ \$150/mo

\$1,800

\$31,794

**b. Translation and Interpreter Services**

\$50/hr\*12 hours\*12mo

\$7,200

\$7,200

**c. Travel and Transportation**

Vehicle maint. @ \$3000/yr/vehicle\*7 vehicles

\$21,000

\$21,000

**d. General Office Expenditures**

Postage, mailings, etc.

\$1,069

Office expense @ \$250/staff/yr.

\$2,875

\$3,944

**e. Rent, Utilities and Equipment**

Rent, utilities, security, janitorial @ appx. 2.50 sq ft

9,669 sq ft (12 mo)

\$290,650

\$321,314

includes tenant improvement costs

amortized in the rent over the term of lease

Mobile communications, cell phone charges

\$2,160

Telephone @ \$65.53/mo/line\*16 lines

\$10,485

Maint. Equipment contracts for appliances

\$539

Annual ITSD charges \$1748/yr\*10 computers

\$17,480

**f. Medication and Medical Supports**

**g. Other Operating Expenses**

Household expenses @ \$100/mo

\$1,200

Food for events, trainings, etc. (\$75/mo) + birthday celebration

\$1,711

\$2,911

**h. Total Operating Expenditures**

**\$388,163**

**Program Management**

**a. Existing Program Management**

**b. New Program Management**

6% of total program costs allowed for the contractor

\$55,684

\$55,684

**c. Total Program Management**

**\$55,684**

**6. Total Proposed Program Budget**

**\$928,073**

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative**

**Adult - FSP - 2a Peer/Family Support and Recovery Services**

County(ies): Fresno

Fiscal Year: 2007-08  
Date: 5/4/06  
Page: 14 of 15

**B. Revenues:**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. Realignment	\$0
d. State General Funds	\$0
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue	\$0
<b>h. Total Existing Revenues</b>	<b>\$0</b>

**2. New Revenues**

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds	\$0
d. Other Revenue	\$0
<b>e. Total New Revenue</b>	<b>\$0</b>

**3. Total Revenues** **\$0**

**C. One-Time CSS Funding Expenditures** **\$0**

**D. Total Funding Requirements** **\$928,073**

**E. Percent of Total Funding Requirements for full Service Partnerships** **40%**

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Fresno</u>	Fiscal Year: <u>2007-08</u>
Program Workplan # <u>Adult - FSP - 2a</u>	Date: <u>5/4/06</u>
Program Workplan Name <u>Peer/Family Support and Recovery Services</u>	Page: <u>15 of 15</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>12</u>
Proposed Total Client Capacity of Program/Service: <u>200</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: _____	Prepared by: <u>Debbie DiNoto</u>
Client Capacity of Program/Service Expanded through MHSA: <u>200</u>	Telephone Number: <u>559-455-2061</u>

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime
<b>A. Current Existing Positions</b>					
Eliminated in FY 2006-07 per direction of the Fresno County Board of Supervisors Program will continue to operate until contractor is operational.					\$0
<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	<b>Proposed Contractor Positions:</b> <b><u>(Information only)</u></b>				
Community M.H. Specialist	provide support to TAY, Older Adult, Adult, Family	3.00	3.00		\$0
Mental Health Worker	provide support to TAY, Older Adult, Adult, Family	6.00	6.00		\$0
Office Assistant	provide clerical support to program	2.00	2.00		\$0
<b>Total New Additional Positions</b>		11.00	11.00		\$0
<b>C. Total Program Positions</b>		11.00	11.00		\$0

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Fresno Fiscal Year: 2005-06  
 Program Workplan # Adult - FSP - 2b Date: 5/4/06  
 Program Workplan Name Peer/Family ACT Services Page: 1 of 12  
 Type of Funding 1. Full Service Partnership Months of Operation: \_\_\_\_\_  
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion: New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Debbie DiNoto  
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 559-244-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>				
				\$0
<b>6. Total Proposed Program Budget</b>				
	\$0	\$0	\$0	\$0
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues		\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue Client fees/rent				\$0
e. Total New Revenue	\$0	\$0	\$0	\$0
<b>3. Total Revenues</b>				
	\$0	\$0	\$0	\$0
<b>C. One-Time CSS Funding Expenditures</b>	\$304,783			\$304,783
<b>D. Total Funding Requirements</b>	\$304,783	\$0	\$0	\$304,783
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				100%

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative  
Adult-FSP-2b Peer/Family ACT Services**

County(ies): Fresno

Fiscal Year: 2005-06  
Date: 5/4/06  
Page: 2 of 12

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	\$0
b. Travel and Transportation	\$0
c. Housing (vouchers for temporary relocation)	\$0
d. Employment and Education Supports	\$0
e. Other Support Expenditures (respite care, training for caregivers, registry)	\$0
f. Total Support Expenditures	<b>\$0</b>

**2. Personnel Expenditures**

a. Current Existing Positions	\$0
b. New Additional Personnel Expenditures	\$0
c. Employee Benefits	\$0
d. Total Personnel Expenditures	<b>\$0</b>

**3. Operating Expenditures**

a. Professional Services	\$0
b. Translation and Interpreter Services	\$0
c. Travel and Transportation	\$0
d. General Office Expenditures	\$0
e. Rent, Utilities and Equipment	\$0
f. Medication and Medical Supports	\$0
g. Other Operating Expenses	\$0
h. Total Operating Expenditures	<b>\$0</b>

**4. Program Management**

a. Existing Program management	\$0
b. New Program management	\$0
c. Total Program Management	<b>\$0</b>

**5. Estimated Total Expenditures when services provider is not known** **\$0**

**6. Total Proposed Program Budget** **\$0**

**B. Revenues:**

**1. Existing Revenues**

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. Realignment	\$0
d. State General Funds	\$0
e. County Funds	\$0
f. Grants	\$0
g. Other Revenue	\$0
h. Total Existing Revenues	<b>\$0</b>

**2. New Revenues**

a. Medi-Cal (FFP only)	\$0
b. Medicare/Patient Fees/Patient Insurance	\$0
c. State General Funds	\$0
d. Other Revenue	\$0
e. Total New Revenue	<b>\$0</b>

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative  
Adult-FSP-2b Peer/Family ACT Services**

County(ies): Fresno

Fiscal Year: 2005-06  
Date: 5/4/06  
Page: 3 of 12

**3. Total Revenues \$0**

**C. One-Time CSS Funding Expenditures**

All training RFP's developed July-Sept 2006; Contracts start Oct 2006

Training to include:	<b>\$46,161</b>
Personal Service Coordination Training--team approach, work with primary health care, law enforcement, courts, etc., treatment team planning family involvement	\$891
Crisis counseling; Cognitive-behavioral therapy	\$411
Co-occurring Disorders--Minkoff and Cline	\$28,692
Contracts with ethnic communities for culturally competency training	\$1,782
Contracts with ethnic communities for sexual orientation and gender sensitivity	\$594
Treatment of trauma--sexual harassment & intimate partner abuse	\$445
How to build service capacity	\$192
Best Practices	\$445
Work as Therapy	\$1,077
ACT training	\$1,586
ACT Annual National Conference	\$4,288
Housing Policy Academy Regional Training	\$1,999
CASRA training including family advocacy training	\$3,759

	<u>Quantity</u>	<u>Amount</u>	<u>Est. Start Date</u>	
Anti-Stigma Campaign for two years @100,000/yr	RFP Developed July--Sept 06/Contract Oct 06			\$6,461
Outreach to community	RFP Developed July--Sept 06/Contract Oct 06			\$35,071
Two Year Marketing Plan	RFP Developed July--Sept 06/Contract Oct 06			\$8,768
Cell Phones @100 each	5	\$500	Aug-06	\$500
Passenger Vehicles @ \$14,100 each	3	\$42,300	Aug-06	\$42,300
Passenger Van @\$17,500	1	\$17,500	Aug-06	\$17,500
Computers (PC & flat screen monitor) @\$2500 each	9	\$22,500	Aug-06	\$22,500
PC Laptop @ \$5000 each	1	\$5,000	Aug-06	\$5,000
One Time Software Licensing @ \$1341	10	\$13,410	Aug-06	\$13,410
Printers (Laser) @ \$1802 each	4	\$7,208	Aug-06	\$7,208
Scanner and 2 year maintenance @ \$275	1	\$275	Aug-06	\$275
Fax Machine @ \$762	1	\$762	Aug-06	\$762
Copy Machine--heavy duty machine @ \$4200 each	1	\$4,200	Aug-06	\$4,200
Installation of telephone line for fax	1	\$200	Sep-06	\$200
Installation of telephone lines for phones	8	\$1,600	Sep-06	\$1,600
Office Landscaping @ \$2000 per FTE	8	\$16,000	Aug-06	\$16,000
Chairs - Task Chairs (aka Ergonomic) @ \$281 each	8	\$2,248	Aug-06	\$2,248
Chairs - Guest Chairs @ \$133 each	5	\$665	Aug-06	\$665
Tables @ \$370	1	\$370	Aug-06	\$370
File Cabinet (2 drawer) @ \$98 each	8	\$784	Aug-06	\$784
File Cabinet (4 drawer) @ 136 each	4	\$544	Aug-06	\$544
Bookcases @ \$138 each	4	\$552	Aug-06	\$552
Storage Cabinets @ \$200 each	3	\$600	Aug-06	\$600
Misc. Office Furniture (lamps, end tables, sofa, coffee table, etc.)			Aug-06	\$1,104
Apartment Furnishings @ \$2000/client, e.g., beds, chairs, etc.	35	\$70,000	Sep-06	\$70,000
				<b>\$258,622</b>

**D. Total Funding Requirements \$304,783**

**E. Percent of Total Funding Requirements for full Service Partnerships 100%**

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): Fresno Fiscal Year: 2005-06  
 Program Workplan # Adult - FSP - 2b Date: 5/4/06  
 Program Workplan Name Peer/Family ACT Services Page: 4 of 12  
 Type of Funding 1. Full Service Partnership Months of Operation: \_\_\_\_\_  
 Proposed Total Client Capacity of Program/Service: 0 New Program/Service or Expansion: New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Debbie DiNoto  
 Client Capacity of Program/Service Expanded through MHSA: 0 Telephone Number: 559-455-2061

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries. Wages and Overtime
<b>A. Current Existing Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total Current Existing Positions</b>	0.00	0.00		\$0
<b>B. New Additional Positions</b>					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	<b>Total New Additional Positions</b>	0.00	0.00		\$0
<b>C. Total Program Positions</b>		0.00	0.00		\$0



**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): <u>Fresno</u>	Fiscal Year: <u>2006-07</u>
Program Workplan #: <u>Adult - FSP - 2b</u>	Date: <u>5/4/06</u>
Program Workplan Name: <u>Peer/Family ACT Services</u>	Page: <u>5 of 12</u>
Type of Funding: <u>1. Full Service Partnership</u>	Months of Operation: <u>9</u>
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Debbie DiNoto</u>
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>559-244-2061</u>

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				\$0
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits (Employee benefits range from 27% to 45%)				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports	\$27,000			\$27,000
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$27,000	\$0	\$0	\$27,000
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$500,851			\$500,851
<b>6. Total Proposed Program Budget</b>	\$527,851	\$0	\$0	\$527,851
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
h. Total Existing Revenues		\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$9,460			\$9,460
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue Client fees/rent	\$13,500			\$13,500
e. Total New Revenue	\$22,960	\$0	\$0	\$22,960
<b>3. Total Revenues</b>	\$22,960	\$0	\$0	\$22,960
<b>C. One-Time CSS Funding Expenditures</b>				\$0
<b>D. Total Funding Requirements</b>	\$504,891	\$0	\$0	\$504,891
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				100%

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative  
Adult-FSP-2b Peer/Family ACT Services**

County(ies): Fresno

Fiscal Year: 2006-07  
Date: 5/4/06  
Page: 6 of 12

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene
- b. Travel and Transportation
- c. Housing (contracted services)
- d. Employment and Education Supports
- e. Other Support Expenditures
- f. Total Support Expenditures \$0

**2. Personnel Expenditures**

- a. Current Existing Positions
- b. New Additional Personnel Expenditures
- c. Employee Benefits
- d. Total Personnel Expenditures \$0

**3. Operating Expenditures**

- a. Professional Services
- b. Translation and Interpreter Services
- c. Travel and Transportation
- d. General Office Expenditures
- e. Rent, Utilities and Equipment
- f. Medication and Medical Supports  
20% of clients @ estimated \$500/mo or less \$27,000
- g. Other Operating Expenses
- h. Total Operating Expenditures \$27,000

**4. Program Management**

- a. Existing Program management
- b. New Program management
- c. Total Program Management \$0

**5. Estimated Total Expenditures when services provider is not known \$500,851**

**Client, Family Member and Caregiver Support Expenditures**

- a. Clothing, Food and Hygiene \$4,350
  - Clothing @ \$100/client \$3,000
  - Emergency food @ \$150/mo for 9 mo \$1,350
- b. Travel and Transportation \$1,800
  - Dial-a-ride, bus tokens, bus passes @ \$15/client/4 mo. \$1,800
- c. Housing (contracted services) \$86,244
  - Contracted supported independent living costs @ avg of \$3556/cl \$85,344
  - includes client housing assistance, insurance, housing staffing, office supplies, legal expenses, postage, program supplies, etc. (24 Clients)
  - vouchers for temporary relocation, e.g., hotel, etc. @ \$100+/mo \$900
- d. Employment and Education Supports \$20,500
  - contract with temp agency for supported employment \$20,000
  - internet access for consumer use for vocational/supported ed \$500
- e. Other Support Expenditures
- f. Total Support Expenditures \$112,894

**Personnel Expenditures**

- a. Current Existing Positions
- b. New Additional Personnel Expenditures \$160,384

FTE	Position	Salary	Benefits	Sal & Ben
1.0	LVN/LPT I @ \$20,842 ea	\$20,842	\$11,119	\$31,961
2.0	Mental Health Worker @ \$14,309 ea	\$28,618	\$18,058	\$46,676
0.25	Psychiatrist @ \$108,675 ea	\$27,168	\$9,862	\$37,030
1.0	LMHC @ \$39,000 ea	\$39,000	\$33,856	\$72,856
1.0	CMHS @ \$27,147 ea	\$27,147	\$13,136	\$40,283

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative  
Adult-FSP-2b Peer/Family ACT Services**

County(ies): Fresno

Fiscal Year:  
Date: 2006-07  
Page: 5/4/06  
7 of 12

FTE	Position	Salary	Benefits	Sal & Ben		
1.0	Office Assistant II @ \$17,609 ea	\$17,609	\$10,084	\$27,693		
		\$160,384	\$96,115	\$256,499		
	Standby/on-call pay				\$36,893	\$36,839
	Bilingual pay (\$50 per pay period)				\$3,900	\$3,900
	<b>c. Employee Benefits (Employee benefits range from 27% to 45%)</b>					\$96,115
	<b>d. Total Personnel Expenditures</b>					<u>\$297,238</u>

**Operating Expenditures**

<b>a. Professional Services</b>		
<b>b. Translation and Interpreter Services</b>		
<b>c. Travel and Transportation</b>		
(Maintenance and gas for 4 vehicles @ \$3000 per year per vehicle)		\$12,000
<b>d. General Office Expenditures (supplies, communications, brochures)</b>		
\$250 per person per year x 7 (includes consumer use of paper, etc.)		\$4,486
<b>e. Rent, Utilities and Equipment</b>		
Space--150 sq ft/person @ \$.50/staff/sq ft/mo includes		\$43,940
Rent, utilities, security, janitorial, etc.	\$26,250	
Computer network (\$1,747 per staff per year x 7)	\$12,229	
Phones (\$500 per person per year x 7)	\$3,500	
Fax phone line fees (\$5.53/mo), main fees (\$18.94/mo),	\$221	
Fax supplies (\$200/yr), local/long dist (\$60/mo)	\$740	
Cell phones @ \$200/yr. x 5	\$1,000	
<b>f. Medication and Medical Supports</b>		
<b>g. Other Operating Expenses</b>		
<b>h. Total Operating Expenditures</b>		<u>\$60,426</u>

**Program Management**

<b>a. Existing Program management</b>		\$0
<b>b. New Program management</b>	\$30,293	<u>\$30,293</u>
6% of total program costs allowed for the contractor		
<b>c. Total Program Management</b>		\$30,293

**6. Total Proposed Program Budget** \$527,851

**B. Revenues:**

**1. Existing Revenues**

a. Medi-Cal (FFP only)		<b>\$0</b>
b. Medicare/Patient Fees/Patient Insurance		<b>\$0</b>
c. Realignment		<b>\$0</b>
d. State General Funds		<b>\$0</b>
e. County Funds		<b>\$0</b>
f. Grants		\$0
g. Other Revenue		\$0
<b>h. Total Existing Revenues</b>		<b>\$0</b>

**2. New Revenues**

a. Medi-Cal (FFP only)		\$9,460
b. Medicare/Patient Fees/Patient Insurance		\$0
c. State General Funds		
d. Other Revenue (Includes client rents, general relief, SSI)		<u>\$13,500</u>
<b>e. Total New Revenue</b>		<b>\$22,960</b>

**3. Total Revenues** **\$22,960**

**C. One-Time CSS Funding Expenditures** **\$0**

**D. Total Funding Requirements** **\$504,891**

**E. Percent of Total Funding Requirements for full Service Partnerships** 100%

**EXHIBIT 5 b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet**

County(ies): <u>Fresno</u>	Fiscal Year: <u>2006-07</u>
Program Workplan # <u>Adult - FSP - 2b</u>	Date: <u>5/4/06</u>
Program Workplan Name <u>Peer/Family ACT Services</u>	Page: <u>8 of 12</u>
Type of Funding <u>1. Full Service Partnership</u>	Months of Operation: <u>9</u>
Proposed Total Client Capacity of Program/Service: <u>40</u>	New Program/Service or Expansion: <u>New</u>
Existing Client Capacity of Program/Service: <u>0</u>	Prepared by: <u>Debbie DiNoto</u>
Client Capacity of Program/Service Expanded through MHSA: <u>40</u>	Telephone Number: <u>559-455-2061</u>

Classification	Function	Client, FM & CG FTEs <sup>a/</sup>	Total Number of FTEs	Salary, Wages and Overtime per FTE <sup>b/</sup>	Total Salaries, Wages and Overtime	
<b>A. Current Existing Positions</b>					\$0	
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
						\$0
	<b>Total Current Existing Positions</b>		0.00	0.00		\$0
<b>B. New Additional Positions</b>	<b>Proposed Positions:</b> <b><u>(Information Only)</u></b>					
	LVN/LPT I	Provides medication services		1.00		
	Mental Health Worker I	Provides personal service coordination	2.00	2.00		
	Psychiatrist	Provides medical supervision		0.25		
	Office Assistant III	Provides clerical support		1.00		
	LMHC	Provides clinical direction of the team		1.00		
	Community Mental Health Spec	Provides vocational/supported educational svcs		1.00		
<b>Total New Additional Positions</b>		2.00	6.25		\$0	
<b>C. Total Program Positions</b>		2.00	6.25		\$0	

**EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet**

County(ies): Fresno Fiscal Year: 2007-08  
 Program Workplan # Adult - FSP - 2b Date: 5/4/06  
 Program Workplan Name Peer/Family ACT Services Page: 9 of 12  
 Type of Funding 1. Full Service Partnership Months of Operation: 12  
 Proposed Total Client Capacity of Program/Service: 40 New Program/Service or Expansion: New  
 Existing Client Capacity of Program/Service: 0 Prepared by: Debbie DiNoto  
 Client Capacity of Program/Service Expanded through MHSA: 40 Telephone Number: 559-244-2061

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
<b>A. Expenditures</b>				
<b>1. Client, Family Member and Caregiver Support Expenditures</b>				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				\$0
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)				\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
<b>2. Personnel Expenditures</b>				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits (Employee benefits range from 27% to 45%)				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
<b>3. Operating Expenditures</b>				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				\$0
f. Medication and Medical Supports	\$32,644			\$32,644
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$32,644	\$0	\$0	\$32,644
<b>4. Program Management</b>				
a. Existing Program Management				\$0
b. New Program Management				\$0
c. Total Program Management		\$0	\$0	\$0
<b>5. Estimated Total Expenditures when service provider is not known</b>	\$579,747			\$579,747
<b>6. Total Proposed Program Budget</b>	<b>\$612,391</b>	<b>\$0</b>	<b>\$0</b>	<b>\$612,391</b>
<b>B. Revenues</b>				
<b>1. Existing Revenues</b>				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue Client fees/rent				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
<b>2. New Revenues</b>				
a. Medi-Cal (FFP only)	\$32,543			\$32,543
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue Client fees/rent	\$28,800			\$28,800
e. Total New Revenue	\$61,343	\$0	\$0	\$61,343
<b>3. Total Revenues</b>	<b>\$61,343</b>	<b>\$0</b>	<b>\$0</b>	<b>\$61,343</b>
<b>C. One-Time CSS Funding Expenditures</b>				<b>\$0</b>
<b>D. Total Funding Requirements</b>	<b>\$551,048</b>	<b>\$0</b>	<b>\$0</b>	<b>\$551,048</b>
<b>E. Percent of Total Funding Requirements for Full Service Partnerships</b>				<b>100%</b>

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative  
Adult-FSP-2b Peer/Family ACT Services**

County(ies): Fresno

Fiscal Year: 2007-08  
Date: 5/4/06  
Page: 10 of 12

**A. Expenditures**

**1. Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene	
b. Travel and Transportation	
c. Housing (contracted services)	
d. Employment and Education Supports	
e. Other Support Expenditures	
f. Total Support Expenditures	<u>\$0</u>

**2. Personnel Expenditures**

a. Current Existing Positions	
b. New Additional Personnel Expenditures	
c. Employee Benefits	
d. Total Personnel Expenditures	<u>\$0</u>

**3. Operating Expenditures**

a. Professional Services	
b. Translation and Interpreter Services	
c. Travel and Transportation	
d. General Office Expenditures	
e. Rent, Utilities and Equipment	
f. Medication and Medical Supports	
20% of clients @ estimated \$500/month or less	\$32,644
g. Other Operating Expenses	
h. Total Operating Expenditures	<u>\$32,644</u>

**4. Program Management**

a. Existing Program management	
b. New Program management	
c. Total Program Management	<u>\$0</u>

**5. Estimated Total Expenditures when services provider is not known \$579,747**

**Client, Family Member and Caregiver Support Expenditures**

a. Clothing, Food and Hygiene		\$3,900
Clothing @ \$100/client	\$3,000	
Emergency food @ \$150/mo for 6 mo	\$900	
b. Travel and Transportation		\$900
Dial-a-ride, bus tokens, bus passes @ \$15/client/2 mo.	\$900	
c. Housing (contracted services)		\$86,544
Contracted supported independent living costs @ avg of \$3556/cl	\$85,344	
includes client housing assistance, insurance, housing staffing, office supplies, legal expenses, postage, program supplies, etc. (24 Clients)		
vouchers for temporary relocation, e.g., hotel, etc. @ \$100+/mo	\$1,200	
d. Employment and Education Supports		\$20,600
contract with temp agency for supported employment	\$20,000	
internet access for consumer use for vocational/supported ed	\$600	
e. Other Support Expenditures		
f. Total Support Expenditures		\$111,944

**Personnel Expenditures**

a. Current Existing Positions	
b. New Additional Personnel Expenditures	\$218,788

FTE	Position	Salary	Benefits	Sal & Ben
1.0	LVN/LPT I @ \$28,762 ea	\$28,762	\$15,589	\$44,351
2.0	Mental Health Worker @ \$19,746 ea	\$39,492	\$25,236	\$64,728
0.25	Psychiatrist @ \$149,972 ea	\$33,743	\$12,567	\$46,310
1.0	LMHC @ \$53,819 ea	\$53,819	\$23,846	\$77,665
1.0	CMHS @ \$38,671 ea	\$38,671	\$18,854	\$57,525

**EXHIBIT 5a-Mental Health Services Act Community Services and Supports  
Budget Narrative  
Adult-FSP-2b Peer/Family ACT Services**

County(ies): Fresno

Fiscal Year:

Date: 2006-07  
Page: 5/4/06  
11 of 12

FTE	Position	Salary	Benefits	Sal & Ben	
1.0	Office Assistant II @ \$24,301 ea	\$24,301	\$14,120	\$38,421	
		\$218,788	\$110,212	\$329,000	
	Standby/on-call pay				\$43,651
	Bilingual pay (\$50 per pay period)				\$3,900
	<b>c. Employee Benefits (Employee benefits range from 27% to 45%)</b>				<u>\$110,212</u>
	<b>d. Total Personnel Expenditures</b>				<u>\$376,551</u>

**Operating Expenditures**

<b>a. Professional Services</b>				
<b>b. Translation and Interpreter Services</b>				
<b>c. Travel and Transportation</b>				
(Maintenance and gas for 4 vehicles @ \$3000 per year per vehicle)				\$12,000
<b>d. General Office Expenditures (supplies, communications, brochures)</b>				
\$250 per person per year x 7 (includes consumer use of paper, etc.)				\$2,250
<b>e. Rent, Utilities and Equipment</b>				
Space--150 sq ft/person @ \$2.50/staff/sq ft/mo includes				\$43,939
Rent, utilities, security, janitorial, etc.		\$26,250		
Computer network (\$1,747 per staff per year x 7)		\$12,229		
Phones (\$500 per person per year x 7)		\$3,500		
Fax phone line fees (\$5.53/mo), main fees (\$18.94/mo),		\$220		
Fax supplies (\$200/yr), local/long dist (\$60/mo)		\$740		
Cell phones @ \$200/yr. x 5		\$1,000		
<b>f. Medication and Medical Supports</b>				
<b>g. Other Operating Expenses</b>				
<b>h. Total Operating Expenditures</b>				\$58,189

**Program Management**

<b>a. Existing Program management</b>				\$0
<b>b. New Program management</b>				\$33,063
6% of total program costs allowed for the contractor				
<b>c. Total Program Management</b>				\$33,063

**6. Total Proposed Program Budget**

**\$612,391**

**B. Revenues:**

**1. Existing Revenues**

a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				\$0
g. Other Revenue				\$0
<b>h. Total Existing Revenues</b>				<b>\$0</b>

**2. New Revenues**

a. Medi-Cal (FFP only)				\$32,543
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				
d. Other Revenue (Includes client rents, general relief, SSI)				\$28,800
<b>e. Total New Revenue</b>				<u><b>\$61,343</b></u>

**3. Total Revenues**

**\$61,343**

**C. One-Time CSS Funding Expenditures**

**\$0**

**D. Total Funding Requirements**

**\$551,048**

**E. Percent of Total Funding Requirements for full Service Partnerships**

**100%**





**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

**Estimated/Actual Population Served**

County: Fresno
Program Work Plan #: Adult FSP--2
Program Work Plan Name: Peer/Family Support and Recovery Services
Fiscal Year: 2005-2006 <i>(please complete one per fiscal year)</i>

Full Service Partnerships	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
<b>Age Group</b> Transition Age Youth and Adults ages 18+ years, and their families	<b>Description of Initial Populations</b> Persons who have been frequently hospitalized four or more times during FY 04—05. These persons are at risk of incarceration, homelessness and hospitalization. AB 2034 services will be offered with a low staff to consumer ratio for the provision of services. Services include 24—7 availability, housing, employment/supported education services.									
	0		0		0		0		0	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Peer/Family Services Transition Age Youth 16—24 years, Adults age 25—59 years Older Adult age 60+ Total number served is 500	Peer and family member supportive, educational and informational services. Employment services, stipends for consumers, consumer enterprise development, will be available. Referrals for housing services and entitlement programs will be available. WRAP training and services will also be available. Center staff will train DBH staff on consumer recovery issues.	0		0		0		0		0	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	N/A										

**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**  
**Estimated/Actual Population Served**

County: Fresno
Program Work Plan #: Adult FSP--2
Program Work Plan Name: Peer/Family Support and Recovery Services
Fiscal Year: 2006-2007 <i>(please complete one per fiscal year)</i>

Full Service Partnerships	Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
<b>Age Group</b> Transition Age Youth and Adults ages 18+ years, and their families  <b>Description of Initial Populations</b> Persons who have been frequently hospitalized four or more times during FY 04-05. These persons are at risk of incarceration, homelessness & hospitalization. AB 2034 services will be offered with a low staff to consumer ratio for provision of services. Services include 24-7 availability, housing, employment/supported education services.	0		16		31		40		40	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Peer/Family Services Transition Age Youth 16—24 years, Adults age 25—59 years Older Adult age 60+Peer/Family Services Total number served is 500	Peer and family member supportive, educational and informational services. Employment services, stipends for consumers, consumer enterprise development, will be available. Referrals for housing services and entitlement programs will be available. WRAP training and services will also be available. Center staff will train DBH staff on consumer recovery issues.	0		33		33		34		100	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
Total	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
	N/A										

**EXHIBIT 6: THREE-YEAR PLAN – QUARTERLY PROGRESS GOALS AND REPORT**

**Estimated/Actual Population Served**

County: Fresno
Program Work Plan #: Adult FSP--2
Program Work Plan Name: Peer/Family Support and Recovery Services
Fiscal Year: 2007-2008 <i>(please complete one per fiscal year)</i>

Full Service Partnerships		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Age Group	Description of Initial Populations	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Transition Age Youth and Adults ages 18+ years, and their families	Persons who have been frequently hospitalized four or more times during FY 04-05. These persons are at risk of incarceration, homelessness and hospitalization. AB 2034 services will be offered with low staff to consumer ratio for the provision of services. Services include 24-7 availability, housing, employment/supported education services.	40		40		40		40		40	

System Development		Qtr 1		Qtr 2		Qtr 3		Qtr 4		Total	
Total Number to be served	Services/Strategies	Target	Actual	Target	Actual	Target	Actual	Target	Actual	Target	Actual
Peer/Family Services Transition Age Youth 16—24 years, Adults age 25—59 years Older Adult age 60+ Total number to be served is 500	Peer and family member supportive, educational and informational services. Employment services, stipends for consumers, consumer enterprise development, will be available. Referrals for housing services and entitlement programs will be available. WRAP training and services will also be available. Center staff will train DBH staff on consumer recovery issues.	125		150		175		200		200	
<b>Outreach and Engagement</b>		<b>Qtr 1</b>		<b>Qtr 2</b>		<b>Qtr 3</b>		<b>Qtr 4</b>		<b>Total</b>	
<b>Total Number to be served</b>	<b>Services/Strategies</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>	<b>Target</b>	<b>Actual</b>
	N/A										